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QUARTERLY EPITOME

OF AMERICAN

PRACTICAL MEDICINE AND SURGERY;



BRAITHWAITE'S RETROSPECT;

CONTAINING A RETROSPECTIVE VIEW OF EVERY DISCOVERY AND PRACTICAL IMPROVEMENT IN
THE MEDICAL SCIENCES, ABSTRACTED FROM THE CURRENT MEDICAL JOURNALS
OF THE UNITED STATES AND CANADA.

PART XIII.....MARCH.....1883.



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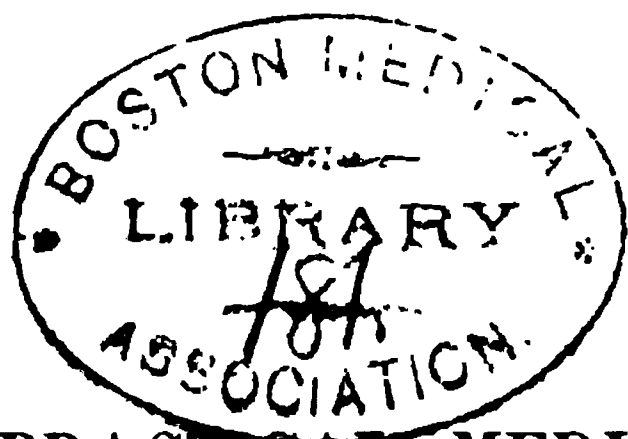
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PRACTICAL MEDICINE.

CONDITIONS AFFECTING THE SYSTEM GENERALLY.

NEW AND RARE DISEASES.

The wise man hath said "There is nothing new under the sun," and this dictum has been very generally received without question. There are certainly many facts whose tendency is to support the belief that events move in cycles, and that that which is, was, and anon shall be. Such a conception of the process of growth, development and decay, is, however, the outcome of a quite superficial study, Solomon to the contrary, notwithstanding. We are wiser in our day than was Solomon, at least in matters physical. He knew nothing of the doctrine of evolution and of the law of the unfolding of the original protoplasm, which had in it the potentiality of all varieties of life, animal, vegetable and mineral (for, according to Linnæus, stones grow).

The law of evolution is operative also in the domain of disease, new forms and new varieties of which are from time to time appearing. Even in the experience of men still living, many diseases are essentially different from what they formerly were. While this fact has been conceded in a general way, we are not aware that, until very recently, any definite mention or classification has been of the newer affections. It has remained for Sir James Paget to fill in the hiatus, and he has done it in his inimitable manner, in his Bradshawe lecture, delivered before the Royal College of Surgeons of England. The learned lecturer starts out with reference to the unwillingness on the part of pathologists to admit the occurrence of new diseases; this unwillingness is often just, for many diseases that may seem new have probably existed long and been overlooked—they may be new to knowledge, but not new in fact. Bright's disease and Addison's disease are instances in point; typhoid fever, too, existed long before it was differentiated from typhus in our nosology, for Sir James presented at his lecture specimens of typhoid ulcers of the intestines preserved by Hunter, who, though he detected the pathological condition, did not give it the interpretation. Hunter in this matter has set the profession an example worthy of close emulation—he did not ignore what he did not understand, but, like the true naturalist that he was, he revered and noted phenomena, and preserved the evidence, of which the interpretation was yet to come.

But there have arisen certain diseases which are, in Sir James Paget's estimation, new. Among these he mentions osteitis deformans, defined and described by him. He has been unable to discover in all the museums pathological, among which he may be said to have spent his life, or in the literature of medicine or surgery, the remotest intimation of the existence of any such affection. The collections of Hunter, Howship, Langstaff, Lister, Cooper, Stanley, Brodie and others show no trace of the peculiarity distinguishing this disease.

In twenty-six years he has collected twelve cases and about as many more in which the disease was partially manifest.

Charcot's disease he also pronounces new, and bases the statement on evidence precisely similar to the above. This disease is now so frequent that a single physician, Dr. Buzzard, has had nine cases under his care at one time. Typical gout is becoming an affection of comparatively rare occurrence, but the records show that gouty phlebitis, an affection by no means rare among certain classes in England, is of quite modern origin. A case of this disease occurring in 1832 and described by Sir Henry Hallford as "phlegmasia dolens, in the male," excited a great deal of curiosity, and was declared to be unprecedented. During the fifty years which have since passed it has secured a place on all nosological lists.

The above are instanced as distinct diseases which have developed during this century, but the author would by no means assert that the change in diseases has been limited to these new creations. A great change has taken place and is still taking place in the type of diseases. The more stable forms are themselves suffering change, and though some of them have come down to us from pre-historic times they still bear evidences of change. Types vary in diseases as in species, and in conformity to the same general laws: An exact likeness is never transmitted by inheritance; the mingling of diatheses, dispositions, idiosyncracies, effects of drugs on the affection, etc., are so many environments, each leaving its impress; the element of time must always be taken into consideration, it sometimes taking a generation or a century to effect appreciable change. Variations in disease must be studied as the immortal Darwin studied species, not by deducting as from a law exactly formulated, and from which we could trace the course of every change, but by a most careful collection of facts, facts to be seen in specimens and read in full records, and stored in museums, and by a study as complete for every case as if no law of evolution had ever been discovered. We cannot always decide the precise character of the blending of different affections. Slight differences may accumulate till they completely alter the original form. The new affection may be hybrid, or the pure mixture of two forms, but sterile or incapable of reproducing itself; or it may be mongrel, the characteristics of one of its progenitors preponderating, and capable of perpetuating its kind; or, lastly, it may be co-incident, that is, one of its elements attacking one organ or tissue and the other another.

Sir James Paget's lecture is full of suggestions to the thoughtful student. He has expressly declared in favor of the laws of evolutions as affecting disease, and fortunately the time is past when the advocate of such doctrine is viewed with suspicion or treated with ridicule.—*Medical Age*, Jan. 25.

OLD OR NEW SCHOOL.

H. A. LEMEN, M. D., President of the Colorado State Medical Society, at the 12th Annual Convention, delivered the opening address. Subject, "Are we the 'Old' or the 'New' School of Medicine? And some suggestions for the Future," which was very instructive and interesting. But for its length we should have been glad to have produced it in full. A brief epitome must suffice:—In answer to the question of his thesis the President thus defines his position: "That the School of Medicine whose members have made the greatest progress, during the last hundred years, in the discovery of absolute facts, universal laws, relating in any manner whatsoever to the nature, cause, natural history or successful treatment of disease or deformity in the human race, is justly entitled to be called the 'New School'; in the sense as understood by the laity, do we also belong to the 'Old School'—that school which glories in such fathers as Pythagoras, Hippocrates, Celsus, Avicenna, Harvey, Jenner, the Hunters and hosts of others of early and latter date. But while we are of the 'Old School' of Medicine, I assert most emphatically that we are the 'New School' as well; its very bone and marrow, pith and substance, in that we are of that school whose adherents have made the greatest progress, during the last one hundred years, in the discovery of absolute facts relating to the nature, cause, natural history, prevention and successful treatment of

disease." He then proceeds to enumerate a *few* of the leading discoveries since John Hunter, although not arranged in exact chronological order.

The great Anatomist and Physiologist John Hunter father's the list; "He demonstrated the descent of the testis in the foetus; traced the distribution of the nasal and olfactory nerves; proved that the veins could act as absorbents; investigated the formation of pus; shed light on the circulation of the blood in the after-birth; and, assisted by his brother William, demonstrated the function of the lymphatic vessels. In later life he illustrated the method of union in divided tendons, thus laying the foundation for subcutaneous tenotomy and its results; demonstrated that bones grow by means of additions to their circumference and extremities; that parts of one animal might be transplanted to another and grow, thus laying the foundation for skin grafting and other operations in Plastic Surgery. "He increased the store of knowledge on Muscular Motion, on the Anatomy and Physiology of the human teeth, on the blood, on inflammation, on gun shot wounds and Syphilis. He devised the Hunterian method of ligating aneurism some distance above the tumor." A contemporary of Hunters was Bichat, the eminent French Physiologist. "He differentiated the organic from the animal functions, and in determining the functions of parts, established the rule of studying the intimate structure of organs as elucidating their function." Hunter's pupil, Edward Jenner, followed with vaccination. Still later Laennec invents the Stethoscope, and establishes the science of Physical Diagnosis. The noted Frenchman, Louis, differentiates typhus and typhoid fevers, and adds vastly to our knowledge of pulmonary consumption. In 1809 a modest American Surgeon, Dr. Ephriam McDowell performed the first Ovariectomy, a priceless boon to suffering womenkind, since greatly improved by the most eminent American and European Gynæcologists. In 1827 Richard Bright's great researches on the Kidneys, now known by his name, were first given to the world. In 1825 Manuel Garcia first saw the larynx with his small mirror, and this idea was borrowed and improved upon until, in 1860 Prof. Czermack published his work, "The Laryngoscope and its Practical Value for Physiology and Medicine," which laid the foundation for Laryngoscopy. In 1832 Dr. Hodgkin of England demonstrated the disease since called by his name, or Pseudo-leucocythaemia. In 1835 Sir James Paget discovered and Owen described the *Trichina Spiralis*. Also in the same year Cruveilhier described the obscure affection, now termed Multiple Cerebro-Spinal Sclerosis. In 1838 Dubini of Milan discovered a small worm hitherto unknown, which gave rise to an affection called *Anchylostoma Disease*, or Egyptian Chlorosis. In 1840 Heine described Acute Anterior Polio-Myelitis. About now Pathological Histology was greatly advanced by Johannes Muller, of Berlin, who "discovered an almost universal law, relating to tumors, which furnished a basis for a scientific and intelligible classification of those perplexing morbid products." In 1845 Leucocythaemia was elaborated. 1846 was a red letter year; for ether was first administered by Dr. W. T. G. Morton, a Boston dentist, and Dr. Warren a Boston physician, performed a surgical operation, and in 1847 its twin sister, chloroform was used by Sir James Y. Simpson. But already the interest of the subject has carried me too far, and I must content myself with simply mentioning the headings: Progressive Muscular Atrophy, Invention of the Ophthalmoscope, Endemic Hæmaturia, Measuring the Globular Richness of the Blood, Addison's Disease, Pseudo-Hypertrophic Paralysis, Locomotor Ataxia, Acute Ascending Paralysis, the cause of Anthrax discovered, Topographical distribution and local origin of Consumption, Progressive Pernicious Anæmia, the cause of Chylous Urine in certain cases, discovery of cause of Relapsing Fever, Amytrophic Lateral Sclerosis, Spastic Spinal Paralysis, Hæmoglobinuria, "Listerism," Improvements in Orthopedic Surgery, Pneumatic Aspiration, Esmarch's bandage, Hypodermic Medication, Thermometry, Preventive Medicine, Expert Witness Fees, Legalized Dissection, State Legislation in regard to Medicine. Such is an imperfect analysis of the address which of itself was only an epitome of a vast subject. There are many excellent suggestions appended to each topic, and the whole forms an able presentment for the "New-old School."—*Denver Med. Times, Jan.*

INTER-CONVERTIBILITY OF ZYMOTIC DISEASES.

In the course of an address delivered before the late meeting of the Canada Med. Ass., by the eminent physiologist, Dr. W. B. Carpenter (*Canada Lancet*), he says: "Sir John Pringle gave further the results of some observations which he (Dr. Carpenter) had always held to be of fundamental value, namely, the principle of the convertibility of certain forms of zymotic diseases to other forms, diseases which they were accustomed to regard as of a different type. At the conclusion of the rebellion of 1745, in Scotland the troops were shipped off in little brigs. Some of the men were suffering under the mild autumnal fever. The brigs knocked about for six weeks, during which the men were enclosed under hatches, without ventilation. In consequence of the unsanitary conditions, the fever changed, by the process referred to, into a malignant typhus. They landed and the disease spread among the villages in which the men located. Another instance had come under his observation, of the malarious fever of the west coast of Africa changing, under similar conditions, into yellow fever of a contagious character.

Dr. McWilliam and others had reported similar cases of the same convertibility of these kinds of fever. He also referred to Sir Robert Christison's opinion in favor of the convertibility of zymotic diseases, and that typhus and typhoid could not always be distinguished, and said that Sydenham, one of the best observers, did not distinguish between scarlatina and measles. He also quoted Pasteur's opinion to the effect that the medium in which the germs were developed would have a most important effect on the germs themselves; that when germs which would produce ordinary malarious fever developed themselves in blood which was rendered unhealthy by bad ventilation or other causes, these germs would develop themselves in quite a different form, producing a different type of disease.

The smallpox epidemic which swept over Europe and America in 1871 was of a most singular character, and called attention to a type of smallpox which had not been epidemic since the beginning of the last century. He believed that the revival of the severe form in 1871 was due to the crowding together of the French army in Paris, and of the French prisoners taken by the Germans, and that the malignant type was thus developed out of the milder form. The lesson they had to learn from all this was to insist upon vaccination. Good vaccination might be said to be an almost perfect preventive. Another fact which the older practitioners recognized was, that the quality of the vaccination had deteriorated during late years, and the only remedy for this was to obtain the vaccine fresh from the animal.—*Med. and Surg. Rep.*

RABIES.—PROTECTIVE INOCULATION.

A communication from M. PASTEUR was recently presented before the Academie de Médecine, Paris, in which some definite ideas of the causation of this disease are set forth. He asserts that—1. All varieties of the disease proceed from the same virus. 2. Nothing can be more varied than the symptoms of rabies, each case, so to say, having those proper to it; and there is every reason to believe that their characters depend upon the nature of the points of the nervous system, the encephalon and spinal cord, wherein the virus is localized and cultivated. 3. In rabid saliva, the virus being associated with various microbes, inoculation with it may give rise to three kinds of death—through the microbes of the saliva, the excessive secretion of pus, and rabies. 4. The medulla oblongata of a person dying of hydrophobia, as well as that of any animal dying of rabies, is always virulent. 5. The rabid virus is not only met with in the medulla oblongata, but also in all parts of the encephalon. It is also found localized in the spinal cord, and frequently in all parts of the cord. As long as the structure of the encephalon and spinal cord is not invaded by putrefaction, the virulence persists there. 6. In order to induce rabies with certainty and rapidity, recourse must be had

to the inoculation, by aid of the trephine, of the surface of the brain, within the cavity of the arachnoid. The suppression of a long duration of the period of incubation, and the certain appearance of the disease, are also secured by the introduction of the virus into the circulation. By the employment of these methods, so favorable to the experimental study of the disease, rabies may be made to appear at the end of six, eight or ten days. 7. M. Pasteur and his assistants have met with cases of the spontaneous cure of rabies, but only when the earlier rabid symptoms have appeared, and never after the acute symptoms have ensued. They have also met with cases of disappearance of the early symptoms, with a recurrence after a long time (two months). The acute symptoms have been followed by death, as in the usual course of the disease. 8. In one of their experiments on three dogs inoculated in 1881, two of the dogs took the disease rapidly and died, but the third, after having manifested the early symptoms, recovered. Inoculated again, on two occasions in 1882, by means of the trephine, it did not become mad, so that the rabies, though benign in its symptoms, did not undergo relapse. He claims, in conclusion, that he has four dogs at present which cannot take rabies, having been protected by inoculation of the virus. Should these statements receive confirmation from more extended experiments, and satisfactorily demonstrate the fact that rabies in the dog may be prevented by inoculation, the question of the stamping out of the disease is easily solved, since man only is liable to contract the disease from a rabid animal, and the means of opposing its development in the dog would almost rid man of this terrible scourge.—*Med. Times, Jan. 27.*

ANOTHER PROTECTIVE VIRUS.

M. PASTEUR has read a paper on *rougé*, or *mal rouge*, of pigs before the French Academy of Sciences. The disease he treats of has been very destructive in France. In the valley of the Rhone, this year, it destroyed not less than twenty thousand pigs. Dr. Klien, in 1879, gave an account of it, and designated it *pneumo-enteritis*. Pasteur takes exception to Klien's account of the nature and characteristics of the parasite which produces the illness, holding that it has a dumb-bell shape, and bears a close resemblance to that which produces the cholera of fowls, but is less easily detected. He claims inoculation by a diluted form of the virus affords a protection. If this is true, it is a matter of importance in this country, where thousands of pigs die yearly from the disease in question.—*Med. Record, Jan. 6.*

PUTREFACTION AND ANTISEPTICS.

A very interesting paper has been read lately by M. LE BOY on the properties of antiseptics, before the Academy of Sciences, Paris. He holds that the older the putrefaction the weaker is the antiseptic power of any disinfectant. The disinfectants which have the most pronounced action are permanganate of potash, chloride of lime, sulphate of iron acidified with acetic acid, and the glyceroborates of sodium and potassium. There is no parallelism between the virulent power of a substance in putrefaction and the toxic power of volatile compounds liberated from it. The volatile alkaloids from advanced putrefaction are very poisonous, and a very plain inference from this is that prolonged walks in cemeteries may induce very intractable diseases.—*Pittsburgh Med. Jour., Dec.*

BACTERIA—CUTANEOUS INJECTIONS.

Under this title Dr. WALTER SCOTT makes a very sensible and practical contribution to the *Lancet*. He suggests the experimenting with injections, to endeavor to produce a condition of the blood unfavorable to the development of disease-carrying bacteria. We have all heard that the injection of a

solution of permanganate of potash into a vein, immediately after the introduction into the system of the rapidly fatal cobra poison, prevents that poison from having its usual fatal consequences, and doubtless it would have the same result if injected immediately before the bite of the cobra. Again, Dr. Fontaine, Bar-sur Seine, has had the most remarkable success in his treatment of diphtheria, by giving his patients sulphide of calcium until the breath and skin exhale the odor of sulphuretted hydrogen. And even if the experiments on animals, such as I suggest, should fail to discover an antidote or germicide powerful enough to counteract the poisonous effects of the micro-organisms, which in a concentrated form are injected under an animal's skin, it might still be possible for those of our surgeons who have a large and sad experience of blood-poisoning, or for those practitioners who have numerous cases of zymotic diseases constantly under their charge, to move in the track of those gentlemen who have been successful in combating the deadly cobra poison, and the too often fatal diphtheria.

There are several antiseptics besides permanganate of potash with which the blood might be saturated, either by injection into a vein, or by small and frequently repeated doses, for example, eucalyptus, sanitas, the sulphides, the carbolates, the salicylates, etc.—*Med. and Surg. Reporter*.

INFECTIOUS DISEASES.—ARSENIC.

Dr. WALFROID (*Lancet*) draws attention to the great value he attaches to the use of arsenic as a preventative agent in exposure to infectious diseases. Dr. Walfroid believes that by the administration of this drug in any of the diseases of this class during the incubation period, an attack may be prevented or greatly modified.—*New Eng. Med. Mo., Jan.*

HIDDEN DANGERS.

Nothing can be more startling than to discover that devices intended to protect the inmates of dwellings from dangers arising from furnace or sewer gases not only fail to protect, but the devices themselves enhance the dangers, in a large degree. A gentleman in this city, in order to cut off the inflow, and thus obviate all danger arising from sewer gas in his house, resorted to the well-known plan of turning the gases into a chimney, by attaching a pipe to the waste sewage pipe, leading to the water-closet, and allowing it to open into the unused flue. In the employment of this device it was supposed that the gasses, as they ascended from the sewer, would be drawn toward the chimney and escape into the outside air, instead of flowing through the trap of the closet into the dwelling. The theory is correct enough, but an unexpected danger arose, which ought to be widely known. Two severe cases of diphtheria occurred in the family, which led to a thorough examination of the waste pipes and sewage connections, and it was found that the damp, impure vapors from the sewers had followed up the water-closet waste-pipe, and flowing into the chimney had become condensed on the interior, thoroughly saturating the bricks, and passing through into the spaces connected with the rooms of the house. This inflow of the germ-impregnated vapors into the house through the chimney was the cause of the terrible disease which prostrated the children.

In this instance we have a practical warning, which ought to teach that any devices alleged to be protective should receive full and intelligent consideration before being adopted. If the attachment of pipes to the flue had been *above* the trap and bowl, the casualty could not have occurred; and probably if the attachment had been made to a chimney in active use, as that connected with the kitchen, the results would have been less disastrous.

We have much to learn in the matter of sanitary devices in our houses. No questions are more important than those which relate to protecting dwellings in cities from dangerous sewage and coal gases, and unless the perils are obviated the bills of mortality must continue to increase, until the deepest alarm will prevail.—*Boston Jour. Chem., Jan.*

EXCESSIVE EATING AS A CAUSE OF DISEASE.

Some just remarks are made on this point by Dr. Liveing, the well known Dermatologist, in the *Lancet*. He observes :

I frequently meet with cases of intractable eczema pudendi in women past middle life, of sedentary habits, and eating three large meat meals a day, and trying by all means in their power to stimulate their appetites, under the erroneous impression that they are "keeping up their strength." Now, in these and similar cases, medicine and local treatment are almost equally useless, unless there is, at the same time, a thorough reform in the diet. The first point is to deprive the patient of sugar as an article of food, except just enough to make light puddings palatable. The reason for this is that much of the sugar passes the liver unchanged, and is therefore worse than useless as a food. The next point is greatly to reduce the animal food, especially mutton and beef, and to substitute for it simply clear soup, and poultry or fish in moderate quantity once a day. Lastly, the chief part of the daily diet should be made up of light, farinaceous and milk food, such as bread, rice and macaroni. This is, I know, contrary to the view often entertained, that saccharine urine should be treated by an animal diet, and that starch should be as much as possible excluded. Now, whatever good may result from such a diet in some cases, I am quite sure that it does not answer in those to which I refer; on the contrary, exactly the reverse holds, and the old routine practice, except so far as sugar is excluded, is quite wrong. I have seen the sugar disappear from the urine and the eczema depart under a change of diet such as I have above recommended. The truth is that many people at sixty, when the tissue changes are slow, eat as much, or more than they did at twenty, when all the processes of change are at the height of their activity; what wonder, then, that unnatural work is thrown upon the skin, kidneys and other excreting organs of the body. There is some substantial truth in the saying that small eaters live the longest.—*Med. and Surg. Rep.*

PHENOMENA OF DEATH BY COLD.

MM. CH. RICHTER and P. RONDEAU (*Transactions de l'Académie des Sciences, Paris*) find that plunging an animal into cold water is inadvisable for experimentation, as the impression made upon the skin by the water excites the nerves of sensibility and produces a tetanus which does not occur with dry cold. The resistance of dogs to cold is too great to employ them with advantage. They employ shaved rabbits, around which are coiled flexible tubes; in these a current of salt water—7° C. is turned, and by this means the temperature of the animal is lowered rapidly. In two hours the temperature is reduced from 38° C. to 18° C.

When the temperature reaches 25° C., the respiration commences to be ineffective; the rhythm is not, however, altered; the fulness of inspiration is merely diminished. The inspirations are still sufficient for life, and a rabbit whose temperature had been reduced to 17.7° C. recovered, when again warmed, without the aid of artificial respiration.

When the temperature is reduced below 17° C., the functions of the nervous system are seriously diminished, but not abolished. Reflex movements remained in several cases with a reduction of temperature to 15°, 14.2°, and 13.8° C. The excitability probably disappears not because the nervous system is chilled, but because the circulation in its tissues is stopped.

From the beginning cold has the effect of diminishing the number of the heart-beats. In the rabbit the pulsations at 23° C. are still about 80 per minute, but at 17° C. are reduced to 10 or 12. Here the manner of contraction of the heart resembles that of the turtle: the systole commences with the auricles, and by a vermiform movement extends to the ventricles.

The apparent state of death, characterized by all its signs, can last a half-hour (thirty-one, twenty, eighteen minutes).

For practical medicine this is important, as it indicates that human beings who have been frozen and no longer present the signs of life may still be resuscitated by external warmth and artificial respiration.

Therefore the respiratory and cardiac functions can be suspended for half an hour without death being a necessary consequence.—*Med. Times, Jan. 27.*

MELANOSIS.

Dr. W. H. FALLS, in the *Cincinnati Lancet and Clinic*, relates a most complete and interesting case of melanosis which came under his care. The case is of peculiar interest from the extended study Dr. Fuller was able to give it, and the verification of the diagnosis by a post-mortem. The skin of the patient's entire body gradually changed its color, until the man, once of a light complexion, became as black as a negro. Vision was impaired and was the initial symptom. It was due to the disposition of melanotic masses in the choroid, and in time caused total blindness. The urine became black as ink, and was highly albuminous. There were sub-cutaneous nodules widely distributed over the entire body. They varied from the size of a millet to that of a cherry. With the exception of occasional convulsions the patient's intellect remained clear to the end. Death resulted from paralysis following one of these convulsions, which were no doubt due to pressure from the melanotic masses within the cranium. These masses were found in different parts of the brain and in all the viscera. On microscopic examination they proved to be melano-sarcomata.—*Chicago Med. Rev., Dec. 1.*

PLICA POLONICA.

Dr. FERDINAND LESSING, of Winowa, Minn., relates the following case in the *Medical Times* of November 4th: Anna T., aged sixteen, went six weeks ago to the country with a lady friend, and, rambling about in the woods, they came to a cold spring and washed their feet in it. Next day A. felt chilly and languid, appetite impaired, together with shooting pains through her limbs. A week after she noticed that when combing her hair she could not pull the comb through as readily as heretofore, and by about a week more her hair was a matted mass. The symptoms of pains in her limbs had also increased in proportion, as also a neuralgic pain in head and eyeballs, the former being in a continuous state of tremor. Extremities cold, tongue clean, pulse sixty-five, appetite gone, insomnia complete, and menstrual function stopped. I ordered her potassium bromide and chloral, also a tonic consisting of quinia sulph., iron, nux vomica, and arsenic. Gave her also wine and milk punch *ad libitum*. The trembling of her limbs, as also the pain in head and eyes, had somewhat improved under this treatment in the course of a few days, yet her pulse grew weaker, and on the thirteenth day from the beginning she quietly passed away.

[We once went a long distance, to Vienna, to see this disease, and were greatly disappointed to learn from Hebra that there was no such disease. He taught that so-called plica polonica was but an intense eczema occurring in broken-down constitutions, and was usually complicated and aggravated by lice. As to the hairs exuding a gelatinous matter, this is a physical impossibility. The exudation is from the scalp, as Hebra says, and merely clings to the hairs. This case of Dr. Lessing's, however, is a rare and curious one, and well worthy of record.]—*Ed. Louv. Med. News.*

GLANDERS IN MAN.

From a paper by Dr. HENRY B. BAKER, in the Report of the Michigan State Board of Health.

HOW GLANDERS IS COMMUNICATED TO MEN.

It is important to know the sources of danger, in order to be able to avoid them; it is therefore important to note particularly the different ways in which glanders is communicated to men. Besides cases in which the infec-

tion was received by a cut from a whip whose owner had a glandered horse, and by bruising the finger on the door of a stall where a glandered animal had been kept, the case reported by Dr. Post, in which the virus probably entered through a bruise of the hand, and the cases of infection of persons living over a stable where were glandered horses, mentioned in the *Sanitary Record*, in Dr. Duffield's report the danger is pointed out which one incurs by riding behind a glandered horse. When such a horse in rapid motion snorts forth the contagious matter, it may be carried directly in the faces of persons riding behind, and thus come in contact with some scratch and cause the disease; or in a finely divided condition some of the contagious matter may be breathed in by persons riding behind or walking near a glandered horse. The following quotation from *Cole's Diseases of Domestic Animals* mentions other methods of communication of glanders to man:

"In Paris a groom slept in a stable occupied by a glandered horse; some days after the death of the horse, he was attacked by the same disease, characterized by pustular and gangrenous sores over the whole body. He died, and with some matter from the sores a foundered mare was inoculated, and she had a true case of the glanders, of which she died. A young groom was in the habit of wiping the face of a glandered horse with his pocket handkerchief; he caught the disease, of which he died in dreadful agony, every bone in his head becoming carious.

"It was stated in an English paper, in 1844, that since the year 1838 no less than thirty persons had sunk under this terrible malady, which counted as many victims as patients.

"A student lately died in Paris of glanders contracted by cutting himself while dissecting a glandered horse at the celebrated veterinary school of Alfort. He had the best medical aid from the beginning."

As would be expected, the disease occurs most frequently among those who by their occupation are most exposed to it, though no one can be considered safe in a community where a glandered horse is permitted to live.

COMMUNICATION OF GLANDERS BY INFECTED MEAT.

"There can be no doubt but that the infection of glanders may be produced by *eating the meat* of glandered horses, which, according to my experience, owing to the imperfect sanitary regulations for the inspection of meat, is not unfrequently used as food. The common process for preparing the meat for the table would naturally tend, it is true, to destroy its virulence; but meanwhile, the risk of infection is incurred by the manipulations involved in preparing it."—*Ziemssen, Vol. 3, p. 350.*

This suggests the necessity for some safeguards, by competent inspection or otherwise, against the admission of glandered meat to the markets, particularly as sheep are especially susceptible to glanders, and as rabbits and swine have been known to be infected with the disease.

Great care should be exercised that no one be placed in danger of contracting the disease by any disposition that may be made of the carcass of a glandered animal. It is stated that in France the hide of a glandered horse is slashed to render it worthless, as the disease may be conveyed by that; and if the carcass is then properly destroyed this seems a much safer way than to attempt to remove the hide, and in fact the only proper way.

COMMUNICATION FROM MAN TO MAN.

The necessity for caution against contracting glanders on the part of those having care of a person sick with it, appears by the following statement from Professor Bollinger:

"The communication of glanders *from man to man* has been known to occur in extremely isolated instances only, for example, where one has eaten from the same dish with a diseased individual, or when an entire family, consisting of man, wife and four children, have been rapidly attacked, one after another, with the malady."

HOW THE VIRUS OF GLANDERS ENTERS THE BODY.

The virus of glanders may enter the system through wounds of the hands, cuts, bruises, scratches, cracks, hang nails, etc., of one engaged in

grooming or feeding a glandered horse, or in any way handling it, whether dead or alive. It may enter the system through the mucous membrane of the nose, mouth or eyes, by means of particles of mucous, pus or saliva, snorted on these organs or in any way brought in contact with them. Infection has taken place by the bite of a glandered horse. Infection has been observed where there was no abrasion or wound, and where the poison must have penetrated the skin through the cutaneous follicles. It has taken place by drinking from a pail that had been used by a glandered horse, wiping a wound with an infected blanket, or by using a handkerchief that had been used to cleanse the nose of a diseased horse. Another mode of infection is by a *volatile* poison, and to this must be referred all cases in which the general constitutional disease precedes any localization of the symptoms. Infection often occurs by this method in those who have care of a glandered horse, who sleep in stables with diseased animals (without coming into direct contact with them), or who sleep on straw on which glandered horses have stood. Infection may occur by eating the meat of a glandered animal.

PERIOD OF INCUBATION.

When a person knowing himself to have been exposed in any way to glanders has any reason to suspect that he may have contracted the disease, he should, of course, at once place himself in the best medical care. Of the time which may elapse between the reception of the contagion into the system and the onset of the disease, Prof. Bollinger says:

"*Incubation.*—When the infection of glanders has once taken place, either by the transfer of the fixed *materies morbi* to an abraded skin or mucous membrane, or by the agency of the volatile poison, drawn in probably by the act of inspiration, there will be observed a prodromal stage lasting from three to five days, but which is said to be prolonged in many instances to fourteen days and even three weeks."

SOME SYMPTOMS OF GLANDERS IN MAN.

In chronic glanders, if confined to the internal organs, it seems to be impossible as yet positively to identify the disease, which is in many respects similar to, if not identical with, what is commonly known as consumption. When the disease appears in the nose, and especially if the tubercles appear on the skin, the disease is much easier recognized, and with most certainty where it follows immediately upon an injury known to involve liability to inoculation of the disease.

"The *initiatary symptoms* consist frequently of malaise, fatigue and prostration, accompanied by headache and chills, and often joined with obscure pain in the extremities, especially in the muscles and joints. While at the outset of the disease no appreciable cause for these rheumatic pains can be made out, distinct local symptoms soon appear on the skin or in the muscles, in the form of circumscribed or diffused lesions.

"Meanwhile the ulcer enlarges, its edges and base acquire an unhealthy aspect, the pus discharged being of an offensive character; often the whole ulcer assumes a corroded, chancroid character, and a dirty white hue. If the wound is situated on the finger, there is often observed a swelling of the arm, at times of a phlegmonous and erysipelatous form, accompanied frequently by a formation of pustules and ulcers."

FARCY OR EXTERNAL GLANDERS IN MAN.

On this subject Prof. Virchow says:

"At first these spots are much reddened, but very small, almost like flea bites; then papular swellings are formed; the surface of those swellings rises gradually rather in the shape of a round and solid elevation than of a pustule, and assumes a yellowish color, which gives it a pustulous appearance. If the epidermis is removed from such a flat roundish papule or nodule, which is not depressed in the center, but surrounded by a swelled and reddened court, a puriform, moderately consistent yellowish fluid is formed, which contains but few organized constituents and consists mainly of the decayed elements of the formerly solid nodule. The fluid therefore is not lodged in pustulous elevation of the epidermis, but in a small hole in the corium,

which penetrates the latter as if it had been made with a punch. After some time the fluid (matter) becomes colored by hemorrhagic admixture; still later its color is changed to bluish red, and finally small brown or blackish crusts or scabs are formed. Such eruptions appearsometimes in enormous numbers on the whole body."

DURATION OF ACUTE GLANDERS IN MAN.

"In twenty-eight cases of acute glanders, of which number one only did not terminate fatally, the average duration, not reckoning the period of latency, amounted to 16.5 days. Instances in which the duration was from seven to eight days are rare.—*Ziemssen's Cyclopaedia*.—*Druggists' Cir. and Chem. Gaz.*

BARBERS' BASINS AND SEWER GAS.

A new danger has been discovered by the *Lancet*, a danger of breathing sewer-gas from the waste-pipes of barbers' basins when being shampooed. The danger is the more serious because the whiff of germ-laden gas would pass unnoticed among the scents and sweet odors of the barber shop, and the unconscious victim while breathing rose and jasmine, would also be absorbing the bacteria of various diseases. Probably the basins of the average barber shop are no better plumbed than other fixtures are, untrapped wastes and syphoned traps may make as many open connections with the drain as are found in the average of other buildings, but, on the whole, we regret that the *Lancet* has directed attention to this subject, because it gives opportunity to the barber to ask the man in the chair to take one more article than is on the list now. When the present category of oils and scents, bay rum and hair reviver is gone through there will hereafter remain the inquiry, whether the subject will not take a little disinfectant through an atomizer? On behalf of the shaved community we protest.—*Sanitary Engineer*.—*Med. Record*, Jan. 20.

EFFECTS OF RAILROAD TRAVELING.

The effects of continuous traveling are sometimes injurious. The exact injuries and dangers, however, have not been fully studied. Many business men in this city travel from fifty to one hundred miles a day in going to and from the city, yet generally with no apparent harm. The effects would be likely to be different in conductors, porters, and engineers, who are often on the cars during one hundred, two hundred or more miles. A correspondent of the *British Medical Journal*, Dr. E. A. Cook relates the history of a Pullman car attendant which is instructive: The patient had been four years in his situation and had not been a single journey off work. He traveled every alternate night from London to Glasgow, and the next from Glasgow to London, sleeping during the day when in Glasgow in the car, and when in London at his home. When at home his sleep was broken and restless, owing, he explained, to absence of noise to which he was accustomed.

When first seen, he looked haggard, careworn and bleached, but appeared well nourished. There was absolutely nothing the matter with him bodily, except a little indigestion; but he stated that he constantly had illusions that people were behind him, and that there would be an accident; he felt his life a burden and was sure it was all owing to "the running." The latter idea so beset him that he had no faith in being able to get well without a rest. He was in the habit of drinking a little beer, and smoked occasionally. The treatment was to stop all stimulants and smoking, to diminish animal food gently, and give drachm doses of compound syrup of phosphates twice in the twenty-four hours. He got well within a month, and, a year afterward, he had had no return of the symptoms. He said that other carmen had suffered as he had done, and had broken down under it, after taking stimulants for relief.—*Med. Record*, Dec. 16.

DRUNK OR DYING ?

This question is asked with more than usual interest in this city just now, since it is only recently that a prominent politician was carried to his room and left there for many hours, by friends who supposed him to be merely drunk, when, in fact, he was suffering from an apoplectic stroke which soon closed his career. Similar cases are being reported constantly in the daily papers, the unfortunates being, however, generally men of less note. —

If a man is found unconscious in the street, or becomes so at a convivial party, he is generally either drunk, narcotized from opium, or suffering from cerebral hemorrhage, and the bystanders usually regard themselves as competent to decide which, especially if the breath betrays the presence of liquor or laudanum. But even if a physician is called into the case, it is by no means an easy matter for him always to arrive at a correct and speedy diagnosis, and it is on this account that we propose to briefly discuss the question.

Face and skin: pale and relaxed in opium poisoning, and covered with a clammy sweat; in drunkenness, warm, full and purple, while the features are more or less swollen and congested. In apoplexy the skin is usually warm, while the face will be pale if the effusion be large, but otherwise ordinarily flushed and purplish; facial paralysis will be shown by the drawing of the features to one side.

The breathing: in opium narcosis, shallow in character, and very slow; in drunkenness, full and noisy, apt to be somewhat slow and labored; in apoplexy, full and slow, and accompanied by snoring in inspiration, and flapping of the cheeks.

Pulse: somewhat alike in all three conditions, slow and small; but may be full in apoplexy, and sometimes intermitting.

The pupils: dilated, ordinarily, in drunkenness, strongly contracted in opium poisoning, dilated, and frequently unequal, in apoplexy.

With these symptoms carefully considered, and with due weight given to all attending circumstances, so far as they can be learned, such as the age, clothing, social condition, etc., a correct diagnosis can ordinarily be made. But in case of doubt, as between apoplexy and drunkenness—for opium narcosis can ordinarily be easily enough differentiated, it is certainly much better to express no positive opinion than to make a mistake, while in the meantime the patient can be treated symptomatically on general principles. If an expert chemist is immediately available, some urine may be drawn off and tested for morphia or alcohol, but ordinarily such tests must be limited to determining the presence of albumen.

Even if alcohol were found in the urine, this would be merely presumptive proof against apoplexy, and confirmatory of alcoholism.—*Amer. Med. Jour.*, Dec.

DISEASE OF POTTERS.

There is hardly a trade or avocation that does not subject those who follow it to some peculiar disease-producing influence. Painters and other lead-workers are known to be subject to diseases resulting from the continuous absorption into the body of small particles of lead. The cutlery-grinders of Sheffield and Birmingham, England, and of the Eastern American cities are known to be largely the victims of lung and other diseases resulting from the inhalation of small atoms of metal. It now appears that potters are similarly afflicted. Thus, the ash left after the incineration of the lungs of a potter who had died from pulmonary trouble, was found to contain the astonishing amount of 49 per cent. of silica, 18 per cent. of alumina and 5 per cent. of the oxide of iron—materials with which he had been working for years before his death. The conclusion suggested by this isolated case is confirmed by very ample statistics, collected by the Registrar-General of England. It is ascertained that there are 45,000 persons engaged in the potteries in England and Wales. The death-rate among the male element of this class is 38 per cent. higher than that among the male element of the community at large.—*Western Med. Rep.*, Jan.

MYXODEMA.

Dr. A. McLANE HAMILTON in an article in the *Medical Record* states the results of his study of myxodema. So far as treatment is concerned, he says nothing has proven satisfactory. He summarizes as follows : Myxodema is a disease of adult life, chiefly in women. It is allied to cretinism and is slowly progressive; it is attended by the gradual and uneven deposit of mucin in the skin itself, by various trophic skin changes, by unilateral lowering of temperature, mental impairment, increased arterial tension, deafness, and ataxic speech defects. It bears a significant relation to frequent pregnancies and the menopause. It probably depends upon a lesion primarily of the bulb, with secondary extension to the postero-lateral columns of the spinal cord and the spinal sympathetic ganglia. Cases with muscular atrophy and deep tissue-changes are rare, and when so found, probably indicate degeneration of the multipolar cells in the anterior horns. Renal disease is not the cause of the malady, but the result.—*Chicago Med. Rev.*, Jan.

CHOLERA AND FILTH.

The *Indian Med Gazette* makes the following statement (*Med. Times and Gazette*): "The close association of cholera and filth in Calcutta was very vividly demonstrated by Dr. Payne in the able and instructive reports which he prepared during his tenure of office as Health Officer of Calcutta. As a result of special inquiry, he was able to affirm that a large majority of cholera seizures occurred in the vicinity of foul tanks and wells, where water afforded an easy medium or nidus of conveyance or development of cholera poison. Evidence of the same sort has been forthcoming in later years, and a very remarkable instance of the outbreak of cholera in consequence of the befouling of air and water was recorded. The lesson which these facts convey is, that whatever the specific cause of cholera may be, the dependence of the disease on filth elevates the practice of general sanitation into the position of a special prophylactic of this dire and deadly disease.—*Chicago Med. Rev.*, Dec. 15.

LEPROSY.—TINCTURE EUCALYPTUS.

Dr. SINCLAIR STEVENSON details in the *Lancet*, a case of well marked leprosy occurring near Capetown, Africa. She was given chaulmoogra oil, which made her sick, and was discontinued. She was given half-ounce doses of tincture of eucalyptus in conjunction with quinine and lime-juice, and steadily improved, until in Nov., 1881, ten months later, but very slight remnants of the disease existed. The author sums up his remarks as follows:

I have no doubt to which drug I am to attribute the recovery of the patient. Quinine, lime-juice and eucalyptus were given together, but quinine was given long before any improvement began, and the lime-juice was soon left off. As to the origin of the complaint, I could not trace any taint in her immediate family, but she and her husband are cousins, and in his family the disease exists. Mr. Hutchinson in his able paper is inclined to trace the origin of leprosy to fish-eating. The inhabitants of this district do not eat fresh fish, not that they dislike the diet, but because that kind of food is scarce. On the other hand, dried and salt fish is much used, especially by the colored population; but vegetables are very scarce, some families going through the whole year without them; rice and meat, frequently salted, form the staple of their diet. The supposition that leprosy may arise from want of leguminous food, as scurvy does, may be as likely as that of the fish hypothesis.—*Cin. Med. News*, Dec.

RAG-SORTING AND SMALL-POX.

The recent outbreak of small-pox among rag-sorters in mills, points a hygienic moral that should not be neglected.

That the poisonous agency of contagious diseases may retain its activity for a long time is well known.

That the rags taken into the mills are collected from all sources and are not overly clean, is equally well known.

That epidemics (and violent ones) of small-pox have frequently arisen in this way, is also well recognised.

That they *ought* not to, is a fact exceedingly familiar to every sanitarian.

The remedy! We find it in two words; *vaccination*, *disinfection*. So much has been recently written about vaccination, that we will refrain from further infliction of our readers on the subject.

But for disinfection of these reeking, filthy rags, we must make a strong demand.

We should have legislation forcing manufacturers to thoroughly disinfect these rags before any human being is allowed to handle or assort them, and, by so doing stir into the atmosphere the disease-germs lurking in them.

We cannot conceive of a greater source of disease than this, and we should compel our rich mill operators to give some thought to the health of those whose labor makes their wealth.—*Editorial in Med. and Surg. Rep.*, Jan. 20.

ETIOLOGY OF HEMORRHAGIC SMALL-POX.

Dr. L. H. PETIT concludes as follows: "The visceral changes found post-mortem in patients dead of hemorrhagic small-pox should be regarded as causes rather than as effects of the disease. It is well always to distinguish among these changes those which are old (various degenerations, sclerosis, etc.) and those which are recent (interstitial hemorrhages). These general lesions, whether the cause or the effect of a general morbid state of the organism, act upon small-pox, as upon traumatic affections, through modifications in the blood or in the tissues—especially in the capillaries. Among those predisposed to hemorrhagic small-pox may be classed former sufferers from diseases of the liver, spleen, heart, kidneys, and perhaps also the lungs, and of affections capable of producing visceral changes—rheumatism, scarlatina, malaria, alcoholism, pregnancy, etc. The therapeutical application of these etiological facts is as yet uncertain, but we may regard the prognosis as very grave when small-pox attacks one suffering from any of the above-mentioned affections; the disease is likely to assume the hemorrhagic or some other grave form."—*Le Progrès Méd.*—*Med. Record*, Dec. 30.

VARIOLOUS AIR-PASSAGE COMPLICATIONS.

The upper air-passages are, according to Dr. E. LORI (*Jahrbücher für Kinderheilkunde*), first affected in eruptive stage. Upon the mucous membrane appear pustules which are neither so large nor so filled out as the general eruption and which in from two to three days diminish, so that at the end of six days little red points only remain. Hemorrhage into the mucous membrane pustules, or into the sub-mucous tissue of the pharynx, larynx, and trachea sometimes occurs. Diphtheritis is most frequently present during the stage of efflorescence or just after the expiration thereof. Paralysis of one or more laryngeal muscles or very severe laryngeal œdema or perichondritis may result. Later may appear stinging pain in the larynx and difficulty in speaking and breathing. Astringents, especially tannin, and punctures, will be found indicated. In laryngeal perichondritis and œdema tracheotomy may ultimately become necessary. In chicken-pox, mucous hyperæmia of the larynx or confluent pustules therein may occur.—*Gaillard's Med. Jour.* Jan. 27.

MALIGNANT ŒDEMA.

BRIEGER and EHRLICH, working in Frerichs' clinic, have recorded (*Berliner klin. Wochen.* No. 44) two cases of an affection associated with typhoid

fever in which they recognize a disease that in animals has been called "malignant œdema." This malady is an infectious one, and dependent on, or at all events associated with, a bacterium which has sufficiently well defined characters. The exciting cause of the malignant œdema in the authors' cases was a hypodermic injection of a musk solution administered as a stimulant to overcome the state of profound collapse into which both patients had fallen. Much swelling of the subcutaneous tissue, with emphysematous crackling and discoloration of skin at the site of the former injection (in the thigh in both examples), coming on in forty-eight hours, were the features descriptive of the malignant œdema. The authors remember to have met with another example of the affection in a case of diphtheria, but here there was no obvious exciting cause, and the emphysematous and œdematous conditions developed about the front of the chest. Inoculations of some of the fluid from the diseased thigh of the typhoid patients, performed on rabbits and guinea-pigs, brought about the usual characters of malignant œdema at the focus of vaccination, and the animals died in a few days. The existence of the septic vibrios was proved by the microscope (after the usual method of preparation), both in the fluids of the patient and in those of the animals experimented upon. Brieger and Ehrlich regarded their patients as suffering from a *mixed infection*, the virus of enteric fever and that of malignant œdema being both present at the same time. There are many facts in medicine which might be looked upon as demonstrating the predisposition which one complaint establishes for another—noma following measles and other acute specific diseases, tuberculosis after measles and whooping-cough, joint-suppurations after typhus, septicæmia after scarlatina, and many other examples. In the language of bacterial pathology, the human garden, by the action of one bacillus, is prepared and fitted for the growth and development of another micro-organism, which in the normal state of health would not have found so suitable a nidus.—*Med. Times and Gaz.*—*Med News*, Jan. 13.

THE ORGANISMS OF TYPHOID.

MARAGLIANO, of Genoa, has published in the *Centralblatt für die Med. Wissenschaften*, an important note on the uniform occurrence of organisms in the blood of patients suffering from typhoid. He has found them in the blood of the spleen as well as in that of the general circulation. The blood was obtained by means of a hypodermic syringe, the needle of which was passed through the abdominal wall into the substance of the spleen. Dr. Sciamano, of Rome, first showed that blood may be thus obtained from the substance of the spleen during life without any injurious consequences. The blood of the general circulation was taken from the tip of the finger. In each method every precaution was taken to avoid the accidental introduction of organisms. The examination, in this way, of fifteen patients gave the following result: At the height of the disease the blood of the general circulation contains micro-organisms both isolated and grouped. These consist, almost exclusively, of spherical bodies, which have a delicate contour, appear to be homogeneous, and are analogous to micrococci. Some of them are mobile. Similar organisms, again, were seen in the blood of the spleen, and in it, too, were others, rod-shaped, also with delicate outlines, perfectly corresponding to those described by Eberth and Klebs. During convalescence these micro-organisms lessen in number in both the splenic and systemic blood. When quinine was given to the patient in large doses, the organisms either disappeared from the blood, or were present in it only in small number. The blood from both the finger and the spleen was treated by the method of fractional culture, and a large number of rods were then obtained, similar to those seen in the fresh blood, except that some of them were of greater length. The presence of such organisms in the blood of the spleen after death had been previously established by Sokoloff and Fishel, but Maragliano is the first who has demonstrated their presence in the splenic blood during life. He avoids the expression of any opinion as to their relation to the disease.—*London Lancet.*—*Med. Record*, Jan. 20.

RECTAL ANTISEPTICS IN TYPHOID FEVER.

Dr. GALLOIS, in a communication to the *Journal De Médecine*, relates his experience in the use of antiseptics in typhoid fever. For the past five years he has employed in typhoid fever, rectal injections of phenic acid, and has never observed any toxic effect. In benign cases it is his custom to order an injection each morning, to which is added from ten to twelve drops of phenic acid dissolved in alcohol. In graver cases he advises a second injection in the evening. These injections have always been well borne. He admits the antipyretic action of the drug, but employs it for its antiseptic action. He also employs, in cases where the fever is high, sulphate of quinine. Dr. Gallois claims an exceedingly low rate of mortality.—*Chicago Med. Rev.*, Dec. 15.

TYPHUS AND TYPHOID.—AIR-PASSAGE COMPLICATIONS.

The most frequent of these, according to LÖR (Jahrbücher für Kinderheilkunde), is an acute catarrh of the larynx, pharynx, and trachea. Œdema of the vocal cords sometimes occurs, from which result functional vocal troubles of various kinds. Diphtheritis and laryngeal œdema rarely occur, and somewhat less frequently the paralysis of the larynx, pharynx, and trachea therefrom. These are most frequent in the second stage of the fever, as also are aphonia, hoarseness, and difficulty in breathing. The most frequent and serious complication is laryngeal perichondritis, which usually occurs in the sixth to eighth week of the fevers. The cricoid, arytenoid cartilages and epiglottis are most frequently affected. The treatment is locally astringents, and internally wine and iron, especially with paralysis.—*Gaillard's Med. Jour.*, Jan. 27.

DISINFECTION IN TYPHOID FEVER.

As an evidence of the importance which is attached to careful disinfection in typhoid fever, which was advocated in a recent meeting of the Clinical Section of the Suffolk District Medical Society, the following official copy of the recent action of the "Conseil d'Hygiène et de Salubrité du Département de la Seine," is worthy of notice. The ordinance has been published, and copies are sent to every householder in any infected quarter.

"When a patient is found to be suffering with typhoid fever it is important to observe the following hygienic cautions:—

"I. *Isolation.* The patient should be placed in an apartment by himself and isolated as completely as possible from the other members of the family. If the circumstances do not permit a satisfactory isolation, it is preferable that the patient be taken to a hospital. If the patient remains at home, only those persons who are intrusted with his immediate care should be permitted to enter the sick-room. Children and young persons should especially be excluded from entrance of or communication with the rooms pertaining to the patient. The nurses and others in attendance upon the patient are advised to bathe in phenylated water (10 grammes to one liter water).

"II. *Ventilation of the Sick-Room.* The sick-room should be frequently aired and ventilated. All draperies, hangings, and carpets should be removed. The bed should be placed in the centre of the chamber if possible.

"III. *Disinfection of the Dejections.* The dejections of the patient, before being carried from the chamber to the water-closet or vault, should be disinfected according to their volume by means of a solution of chloride of zinc (50 grammes to one liter of water). The same solution should also be poured into the vault or water-closet whenever the dejections of fever patients are deposited there.

"IV. *Disinfection of the Clothes, Bedding, etc.* All clothing of the body, the bed linen, and every article used in the care of the patient, should at

once be plunged in a solution of phenic acid (20 grammes to the litre water) as soon as they are removed from the chamber, and should then be immediately sent to the laundry.

"V. *Fumigation of the Chamber.* Upon the recovery of the patient, or upon his death, a pan of ignited charcoal, resting in a pan of sand, should be placed in the room, upon which coarsely broken sulphur should be laid (20 grammes to the cubic metre), and the room should be tightly closed for twenty-four hours. In the mean time the clothing and bed linen should be washed with the greatest care. The furniture, floor, fixtures, etc., of the room should be washed with phenylated water (20 grammes to the litre). The room should not be refurnished or occupied for seven days after the fumigation."—*Boston Med. and Surg. Jour*, Jan'y. 4.

EXPECTANT TREATMENT OF TYPHOID FEVER.

In a recent discussion before the *Académie de Médecine*, Dr. DUJARDIN-BEAUMETZ passed in review some of the methods now most employed in the treatment of typhoid. These methods may be referred to two categories: the antipyretic; the antiseptic. The antipyretic consists chiefly in cold baths and massive doses of quinine. The bath treatment is not without danger in the way of caustic congestion of the lungs, and the use of quinine in the large doses now employed would produce toxic effects if it were absorbed, but the greater part of it may be recovered from the stools. Salicylic acid causes stomach trouble: and if well borne does not modify in any way the severity of the disease, or lessen its duration. Carbolic acid is a dangerous medicine, which may induce collapse or set up pulmonary congestion. In the estimate made of any plan of treatment, the type of the epidemic must be taken into account.

Rejecting thus in turn the various novelties of treatment, Dr. Dujardin-Beaumetz maintains the superiority of that which he styles "the classical." It consists in the occasional administration of purgatives, a proper alimentation, careful attention to the hygiene of the patient, and the use of means to combat unfavorable symptoms as they arise. In other words, except the use of purgatives, his method is that entitled "expectant" in this country.—*Med. News*, Jan'y. 27.

PHENIC ACID AND IODINE IN THE TREATMENT OF TYPHOID FEVER.

Dr. KLAMANN (*Allgem. Med. Central-Zeitung*, No. 81, 1882), claims excellent results in the treatment of typhoid fever by carbolic acid and iodine. To avoid carbolic-acid poisoning he gives very small doses, as in the following formula: Tinct. iodi., gr. viiss.; acid. carbol. c. glycerin, gtt. x.; alcohol, dilut., 3 iiss. From five to ten drops of this mixture are taken in coffee or tea every hour or two. When diarrhoea is troublesome the remedy is administered in tincture of rhatany. The treatment should be begun early in the disease, in order to obtain the most favorable results.

A similar plan of treatment is recommended by Dr. Rothe (*Momorabilien*, vol. xxvii.), who reports a number of cases, in some of which the initial symptoms were very grave, but all of which resulted favorably. The formula employed by him is as follows: Acid. carbol. et alcohol., \mathfrak{ss} \mathfrak{m} viiss. to xv. (according to the age of the patient, the intensity of the fever, etc.); tinct. iodi., gtt. x. to xv.; aq. menth. pip., \mathfrak{z} iii: tinct. aconiti, \mathfrak{m} xv. to xxx.; syr. aurant. cort., 3 iv. Of this mixture the dose is a tablespoonful every hour; for children under ten years of age, a teaspoonful. Owing to the aconite in this mixture, however, it is difficult to determine how much of the good effect is to be attributed to the carbolic acid and iodine.—*Med. Record*, Jan'y. 26.

TREATMENT OF TYPHOID BY ERGOT.

Amongst the novelties of medical practice with which we are now surfeited, is the proposed employment of ergot in the treatment of typhoid. The results of this practice amply justify its introduction if we may rely on the published evidence. M. Débove administers in certain cases of typhoid one gramme (15½ grs.) of ergot in two doses. Of 24 cases, 8 were very grave, 11 were serious, and 5 were of moderate severity, and of these but one proved fatal. In a former series of 6 cases, 1 was very grave and 5 were of moderate severity, and all recovered. In still another series of 6 cases, 3 being very grave, 2 serious, and 1 of moderate severity, all recovered but one.—*Med. News*.

MENSTRUATION AND PSEUDO-MENSTRUATION IN DIFFERENT FORMS OF TYPHOID.

Dr. E. BARRET, of St. Petersburg, has studied, in a long series of cases, the influence of various forms of typhoid on the phenomena of menstruation, and formulates his conclusion as follows:

1. The influence of typhoid fever on menstruation will depend upon the time elapsing between the onset of the disease and the menstrual period.
2. When the menstrual period falls within the first five days of the disease, the appearance of the menstrual flow may be confidently expected: it occurs in 100 per cent. of his cases. If it is expected between the sixth and fourteenth days of the disease, it will occur in about 65 per cent. When expected after the fourteenth day, menstruation never appears.
3. The menstrual flow is suppressed more frequently in abdominal typhus than in other forms of the typhoid condition.
4. When present, the character of the menstrual flow is rarely altered in abdominal typhus; in spotted typhus (flecktyphus) it is usually diminished in quantity, and in relaxing typhus it is increased in amount.
5. The second and third menstrual periods rarely occur in any form of typhus.
6. Pseudo-menstruation, or a non-menstrual genital hemorrhage, rarely occurs; in spotted typhus it is a little more common, though it never appears before the age of puberty, or after the menopause.—*Deutsches Arch. f. klin. Med.*—*Med. News*, Dec. 16.

FATAL TETANUS COMPLICATING TYPHOID FEVER.

Dr. SIMONEAU relates the following: A man, sixty-six years of age, was attacked with typhoid fever of rather severe form, and a little irregular in its symptoms. The fever had begun to abate, and the patient was supposed to be entering upon convalescence, when he was suddenly seized with vomiting and pain in the epigastrium. On palpation a rigidity of the muscles of the right side of the abdomen was noticed. A few days later the muscles of mastication became affected, and the patient developed all the symptoms of tetanus and died in thirty-six hours. The hygienic surroundings of the patient were of the best, and no cause for the tetanus could be discovered. Dr. Simoneau could find no similar case reported of tetanus complicating typhoid fever, and regards this one as unique.—*Jour. de Med. et de Chir.*—*Med. Record*, Dec. 16.

TYPHOID FROM GINGER BEER.

At Evesham, a small country town in England, sixteen cases of typhoid fever have resulted from drinking ginger beer made in a local factory from water which has now been proven without a doubt to be impure, and the well

from whence the supply was procured has been closed by order of the sanitary authorities. Why no one took the trouble to analyze the water long ago appears a mystery to us, but the manufacturer was certainly not the most blamable party; those whose duty it is to look after the sanitary affairs of the town have clearly been asleep, but then the old town of Evesham is a somewhat dreamy little place, devoted mostly to the growth of fruit.—*Drug. Cir., Dec.*

TYPHOID FEVER AND MILK SUPPLY.

An outbreak of enteric fever has occurred at Grangemont, which, there was good reason to believe, was closely connected with milk supply, as the cases occurred in families supplied by milk from a house in which there was a case of enteric fever.—*Louv. Med. News, Dec. 2.*

TYPHOID AND INTOXICATION.

MURCHISON says that when alcohol intoxicates a typhoid fever patient the fact indicates his convalescence.—*Med. Age, Feb. 2.*

CEREBRO-SPINAL FEVER, DIAGNOSIS AND TREATMENT.

Dr. JAMES C. WILSON reports two cases of sporadic cerebro-spinal fever, in the *Medical News* for Dec. 2d, in which the symptoms are fully detailed. He makes the following observations upon the diagnosis and treatment, in connection with the second case, which proved fatal:

"The problem in diagnosis presented by this case related to the possibility of its being a case of enteric fever with spinal symptoms, first seen by Dr. Ellwood Wilson and myself, in a condition of collapse from some obscure intestinal lesion. It is true, that in a small number of cases of enteric fever, and commonly in females, rigid contractions of the muscles of the trunk, extremities, and even of the neck, has been observed; cutaneous hyperæsthesia has also been reported in rare instances by competent observers. In enteric fever, as known to American practitioners, these are very uncommon symptoms.

Bearing in mind the possible recurrence of such symptoms in enteric fever, we were led to the closest scrutiny of the clinical features of the case. The abrupt onset of the sickness, which amounted to a formidable illness by the fourth day; the speedy failure of the vital forces, a condition approaching collapse developed by the end of the week; the brief illness; the early nausea, delirium and frantic head-pains; the constipation, slight tympany, small spleen; tense, painful rigidity of the neck muscles; the exquisite and widespread hyperæsthesia; the intolerance of sounds, and the convulsions, constitute a complexus of symptoms characteristic of cerebro-spinal fever, and widely at variance with enteric fever, even in cases of anomalous kind.

It is to be regretted that an examination after death could not be made.

In general terms, the treatment by the bromides, by opium or its derivations, given early and in full doses, calomel occasionally for its purgative effect, absolute rest and quietude, stimulus and artificial external warmth in the period of depression, and bland nutritious food in moderate quantities, promises, both in theory and experience, the best results. In respect of the journey, the patient's mother spoke of her sufferings as *indescribable*. Nothing but the most urgent necessity can justify medical permission to a patient suffering from such an illness as this to take a long railroad journey to reach home."—*Col. and Clin. Record, Jan.*

MALARIAL CACHEXIA, AND MALARIAL NEURALGIA.

Our Philadelphia correspondent writes: Professor S. M. DaCosta thinks that malarial cachexia is best treated by prescribing from two to four grains of quinine in the morning, iron and arsenic during the day, and free purga-

tion and frequent baths. Malarial neuralgia will succumb to quinine, if combined with arsenic, iodide of potash, or iron. Vague attacks of biliousness call for small doses of calomel often repeated until free purgation is induced, followed by quinine. In enlarged spleen, Professor DaCosta considers the iodide of potash combined with the hypodermic injection of ergotine as very effective. Often instead of the hypodermic ergotine he prescribes an external application of a weak ointment of the biniodide of mercury.—*Med. Herald, Jan.*

MALARIAL COMA.

Dr. ARCH DIXON insists upon the hypodermic use of quinine in congestive chills, and says that any attempt to administer remedies by the mouth or rectum is only a waste of time, and results almost invariably in the loss of the patient. He inserts the quinine in warm solution deeply into the cellular tissue, and has never seen abscess or other bad effects follow its use. A bold employment of the wet pack is also urged.—*Med. Record, Dec. 30.*

CHRONIC CHILLS.

We have found the following to be a very reliable remedy in chronic chills:

R. Sulph. cinchonidia, chenoidin, ss grs. xx; podophyllin, grs. iii; ipecac pulv., grs. xv; pulv. capsicum, grs. xx. M. Make into 5 grain pills.

Take one every three hours with water slightly acidulated with muriatic acid. We have not failed on a case using this.—*Atlanta Med. Jour.*

CHRONIC CHILLS.

A subscriber sends us the following as a valuable mixture for chills, and desires to give it more extended notice, he being able to heartily recommend it:

R. Quinine sulph., cinchonidia sulph., ss grs. xxx; acid sulph., m x; liq. potass. arsen., f 3 i; extract nucis. vom., fl. m x; aqua q. s. ad., f $\frac{3}{4}$ iv. Mix. Tablespoonful every four hours, when fever is off.—*Pharmacist.*

TREATMENT OF DIPHTHERIA ESPECIALLY BY CORROSIVE SUBLIMATE.

Dr. McSHERRY, Baltimore Med. Soc., said he had been using corrosive sublimate in this disease for some years. Dr. Pepper, of Philadelphia, has advocated it as novel, but it was not so to him. Thinks he was first induced to use it from a consideration of its marvelous effects in specific sore throat. Has been in the habit of using one-thirty-second grain doses, in combination with the tincture of chloride of iron and chloride of potash. He read a letter from Dr. George W. Le Cato, of Locust Mount, Accomac Co., Va., in which the following plan of treating diphtheria was recommended: "The bowels being thoroughly evacuated by a mild purgative (generally mercurial) the treatment is to be continued with the following prescriptions: R. Quin. sulphat., gr. ii-iv. S. One dose for an adult; R. Potass. chlorat., gr. x; tinct. ferri chloridi, gtt. xv; sacch. alb. q. s.; aquæ f $\frac{3}{4}$ ss. S. To be diluted with two or three tablespoonfuls of water when administered; the above prescription to be steadily and regularly alternated every two hours, day and night, until the fever subsides and convalescence begins, when the quinine can be omitted or the interval lengthened. In addition to the above, liquid concentrated nourishment to be systematically given and alcoholic stimulation according to indications, remembering the peculiarly insidious nature

of the disease. My brother insisted upon a mild local treatment, which I entirely ignored, except in cases of laryngeal complication, when I have resorted to the inhalation of lime-water vapor. With some careful attention to ventilation this has made up the entire management." Dr. Le Cato states that he has had a uniformly successful experience of eighteen years with the above, and that in no case has the treatment failed to arrest the symptoms except in two instances, where the disease had gone on unchecked until the patients were moribund from tracheal obstruction. "These well-known remedies have been only uniformly efficient in the particular combinations and doses referred to." * * * "Cases that had resisted the same remedies in other doses and combinations beginning at once to improve when brought under the special treatment referred to." Dr. Le Cato declares that he has scarcely less faith in the above treatment as a specific for diphtheria than he has in the antiperiodic effects of quinia as a remedy for malarial diseases.

Dr. McSherry continued, Nearly all the authorities use remedies calculated to destroy low organisms, which are always present in every bad case of diphtheria and which he believes take an important part in the history of the disease. Speaking from memory only, and without being dogmatic, he would say that he had not lost a case for ten years which he had treated from the beginning.

Dr. Powell, in reply to a suggestion of a possible protective influence of alcohol against the special cause of diphtheria, said he knew of a case of a man who has been drunk for four months and yet has contracted diphtheria. A physician in a neighboring city asserts that he has not lost a case of diphtheria in fifteen years. Dr. Powell had not found anything better in causing a removal of the diphtheritic membrane than the following gargle: \mathcal{R} Hydrat. chloral, 3i; aquæ, \mathcal{Z} iv.—*Maryland Med. Jour.*

DIPHTHERIA.—MIST FERRI SESQUICHL.

Dr. LOLLI, of Trieste, uses exclusively the following mixture in the treatment of diphtheria, and in sixty cases the mortality was less than two per cent., the malady having a duration of but eight or ten days, and being but rarely propagated to the mucus membrane of the respiratory organs:

\mathcal{R} . Ferri sesquichlorid., grs. xv; acidi carbol. pur., grs. xv; mel. rosæ, \mathcal{Z} i; aquæ calcis., \mathcal{Z} xv.

The throat is swabbed with this mixture every half hour, adults using it as a gargle, and it is, besides, to be taken in tablespoon doses, diluted, every second hour. Of course tonics and very nourishing food form most important adjuncts to the treatment.—*Jour. Mat. Med.—Can. Lancet, Jan.*

LOCAL TREATMENT IN DIPHTHERIA.

There was an almost complete unanimity against the forcible removal of false membranes or the cauterization of the affected surface. Ice in the early stages, steam inhalations, with or without antiseptics, in the latter stages, were generally recommended. Lactic acid and lime-water were praised as being the best solvents, and boracic acid as an antiseptic.—*Proceedings Int. Med. Cong.—New Eng. Med. Mo., Jan.*

CHLORAL HYDRATE IN DIPHTHERIA.

In a report by the *New York Medical Times* of a meeting of the Medical Society of Northern New York, Dr. ALLEN, of Lawyersville, appears as stating that he has found that diphtheritic membrane is speedily dissolved in a solution of chloral hydrate. He employs it in the strength of 15 grains to the ounce, and applies it at intervals of two or three hours by means of a

brush. A stronger solution, say of 30 grains to the ounce, may be employed in adult cases. He says that it is seldom that the densest coating resists the second or third application. There is unfortunately abundant opportunity for testing this statement in this city at the present time. The application is certainly strongly antiseptic and has the advantage of being innocuous. Will some reader try it and report to us the results?—*Med. Age*, Jan. 10.

DIPHTHERITIC SORE THROAT.—BORO-GLYCERIDE.

As during an epidemic of scarlatina there is the prevalent scarlatinal sore throat without other manifestations of the scarlatinal poison, so during the prevalence of diphtheria, there is the unmistakable diphtheritic sore throat, with or without its "follicular patch," which is capable of spreading even the true malignant affection. Such a sore throat has recently appeared in Edinburgh and is made the subject of a report by Dr. Jamieson in the *Edinburgh Medical Journal* for December. In its treatment Dr. Jamieson has found the most marked benefit from the internal exhibition of salicylate of soda and the frequent local application of a solution of boro-glyceride in glycerine. Boro-glyceride, it may be necessary to state, is a mixture of 62 parts of boracic acid in 92 parts of glycerine. The glycerine must be heated to a high temperature and the boracic acid slowly added. On cooling the mixture it becomes a white crystalline mass. It is a very pronounced antiseptic.—*Med. Age*, Jan. 25.

ALCOHOL AS A SPECIFIC FOR SCARLATINA.

At the last meeting of the Academy of Medicine of Cincinnati, Dr. GILES MITCHELL reported forty-three consecutive cases of scarlatina treated with large doses of alcohol without a single death. The quantity of alcohol given in some cases was enormous. To a patient two years old a half-ounce of whiskey was given every hour for a number of days, without having any other than a favorable effect, and without producing any symptoms of alcoholic intoxication. The doctor claimed that when this treatment was instituted, the disease had always pursued a more favorable course, hyperpyrexia being neither so frequent nor so prolonged, nor were renal complications so likely to ensue. In case the kidneys became affected, the alcohol was still pushed, and the complication fully relieved. If the temperature was high before the administration of the remedy, it would rapidly fall below the danger-line after the treatment was instituted. The report of Dr. Mitchell called forth a lengthy discussion from the members of the Academy. Prof. Whittaker thought that the favorable influence exerted by the remedy was due to its antinymotic properties. He had no doubt that the brilliant results obtained were due to the antiseptic and parasitocidal properties of alcohol, as manifested in these cases by the destruction of the germ of scarlatina. Prof. Reamy was a firm believer in the efficacy of large doses of alcohol. He attributed its good effects rather to its influence in preventing tissue-metamorphosis, to its value as a food, and to its antipyretic action.—*Druggists' Cir.*, Feb.

SCARLATINAL AIR-PASSAGE COMPLICATIONS.

The pharynx in scarlatina, according to Dr. LÖR (Jahr für Kind), is the favorite place for complications to attack. The mucous membrane thereof becomes, within from twelve to thirty-six hours before the eruption, diffusely or maculously red. An intense œdema and reddening of the palate and glottis and an extensive diffused hardening conclude the alterations; which, nevertheless, often suddenly disappear with the outbreak of the eruption, or with an attack of vomiting. Not unfrequently are there remarked on the pharyngeal mucous membrane, red points which grow to the size of linseed,

which from their appearance lead to the diagnosis of measles at times. On the first day of the eruption these points undergo, at times, such a transformation that the diagnosis of diphtheria can be readily made from the appearance they present. Diphtheritis has usually been regarded as making its appearance on the ninth day of the disease. Lori has found it to occur in from four to ten days after the outbreak of the eruption, or less frequently, from one to four days thereafter. Diphtheritis complicating scarlatina is distinguishable from diphtheritis in measles, or diphtheria *per se*, by the fact that it rarely affects the larynx or deeper parts, and that the membrane can be removed without loss of substance of its base. The usual consequences of such loss of substance, gangrene of the mouth and throat rarely, occur; such gangrene most frequently occurs on the skin, nates, testes, and the great cutaneous folds. Prognosis of scarlatina complicated by diphtheritis is bad, not so unfavorable with gangrene alone. Washing out the throat with alcoholic preparations yields good results.—*Gaillard's Med. Jour.*, Jan. 27.

SALICYLATE OF SODA IN SCARLATINA.

Dr. JAMES COULDREY, in the *Lancet*, writes: "In an epidemic of scarlatina of a severe character I have gotten very great benefit in seven cases by the prompt exhibition of salicylate of soda in doses of fifteen grains every two hours to adults, until ringing in the ears is produced, and then every four hours during the first week."—*Louv. Med. News*, Jan. 6.

TRICHINOSIS FROM HORSE-FLESH.

The Vienna correspondent of the *Maryland Medical Journal*, describing a recent fatal case of Trichiniasis, remarks: "An interesting point in the history of the case was the fact that the girl had not eaten any pork, but had lived on horse-flesh and raw liver. The last is not an unusual dish made up into sausage. Authorities have said the horse was not subject to trichinosis. Unless the liver is to blame in this case, the horse can no longer be exempted from this horrible disease. Among the poor classes on the continent horse-flesh is a very common food. I have heard it said that they get no other kind of beef."—*Can. Med. and Surg. Jour.*

GOUT.—IODIDE OF LITHIA.

For a long time, the salts of lithia have been considered efficacious in cases of gout. Dr. KENDALL has found the iodide by far the most useful of them all. It is most efficacious in cases of actual gout, and may be used with benefit in other cases of a gouty nature. He has known small doses of the iodide to act with benefit in cases of gouty eczema, and in those cases of dyspepsia which may be due to a gouty diathesis the use of this salt is followed by excellent results.—*Br. Med. Jour.*—*Med. Record*, Jan. 20.

GOUTY DEPOSITS.—SALICYLATE OF SODA.

Dr. THEO. M. KENDALL writes to the *Lancet* that he derived most gratifying results in a case of severe chalk gout, from the use of a lotion of ten grains of salicylate of soda to the ounce. By its use chalky deposits in the ear were softened and in four days disappeared, leaving only a small scar.—*Detroit Clinic*, Dec. 27.

DISCUSSION ON THE TREATMENT OF ACUTE RHEUMATISM.

(West Somerset Medical Society). Some members had no faith in specifics, and based their practice on the expectant plan. Keeping their patients warm, and trusting to time and the *vis medicatrix*; but a large majority of speakers expressed their decided faith in salicylate of soda, given at first in large doses of fifteen or twenty grains every two or three hours, and, as relief followed, reducing the quantity to be daily administered, but so as not to abandon its use for several weeks. As regards blistering joints, the practice was generally condemned; but blistering for cardiac affections was equally approved by a number of speakers. A Mr. Cornwall advocated the use of benzoate of soda, given in doses of from ten to twenty grains every four hours.—*Br. Med. Jour.*—*Louv. Med. News*, Dec. 2.

 VENESECTION IN ACUTE RHEUMATISM.

Dr. DUNCOMBE reports a case of acute rheumatism, which did not yield to salicylate of soda, bicarbonate of potash, nor colchicum. The attack lasted several months and the temperature and pulse remained high. As a last resort, a pint of blood was taken from the patient and he began to improve almost immediately. In two days he was able to walk with crutches, and in two days more his temperature and pulse became normal. From that time forward recovery was rapid.—*Can. Lancet*, Dec.

 OIL OF WINTERGREEN IN RHEUMATISM.

Dr. KINNICUTT has been experimenting with the oil of gaultheria in rheumatism. The oil of gaultheria, or wintergreen, contains ninety per cent. of the methyl ether of salicylic acid. It mixes in all proportions with alcohol and ether, and is soluble in water. In twelve carefully recorded cases the results obtained were similar to those obtained by salicylic acid. Therefore Dr. Kinnicutt concludes: that the oil of wintergreen is an efficient salicylate in the treatment of acute rheumatism; that in its efficiency in controlling the pyrexia, the joint pains, and the disease, it at least ranks with any of the salicyl compounds; that it is best given in repeated doses, which should be diminished in quantity and in frequency as convalescence progresses; that it is less disagreeable to the taste, and is not attended with the occasional toxic effects which are produced by the acid or its sodium salt. This drug is eliminated rapidly, and the dose therefore should be repeated every few hours. In the cases recorded, from ten to twenty minims were given every two hours.—*Chicago Med. Rev.*

 SNAKE-POISON.—IODIDES.

PROFESSOR CROFT lately contributed to the *Chemical News* a paper on rattlesnake poison, in which he alludes to an antidote much used by the Mexicans. It consists of a solution of iodine in iodide of potassium, and from two experiments made by the author—one on a buck and the other on a dog—it appears to be of real value, at least as far as the poison of the *cascabel* is concerned. Professor Croft killed a fair sized specimen of the rattlesnake, *Crotalus horridus*, which had not bitten anything, and found the gland fully charged with white opaque poison. On adding iodine solution to a drop of this a dense light-brown precipitate was immediately formed, quite similar to that obtained with most alkaloids, and not exhibiting a crystalline structure under the microscope. Being without chemical appliances, and more than a hundred miles from any laboratory, no further experiments were made, but it is suggested that possibly another reagent for alkaloids—a mixture of ferric chloride and solution of potassium iodide—might prove an antidote to the poison.—*Can. Pharm. Jour.*, Jan.

SEPTIC POISONING.

In an abstract on Septic Poisoning by inoculation of fluids free from bacteria, the *Medical Times* states that from a series of very carefully conducted observations upon animals, Dr. Rosenberger found that the injection of cooked and absolutely germ-free septic poison of malignant oedema, or contagious septacæmia, was sufficient to cause a fatal result, and he succeeded in infecting other animals by injecting a proportionately small quantity of the serum or the blood, and from these others in the same way. It is noteworthy that in all these experiments the blood both before and after death was found to contain the same bacterial forms as in the ordinary cases of septic poisoning following the introduction of fluids containing bacteria. He points out also the different results obtained by injecting these fluids into living animals in which the bacteria are developed, and the culture experiments in vessels out of the body where such developments do not occur. Bacteria are evidently not the cause of all mischief.—*Chicago Med. Rev.*, Jan 1.

DANGER FROM CINNAMON COLORED CLOTHING.

A death is reported to have recently occurred in Warsaw in consequence of the victim wearing cinnamon colored clothing. The dye faded under the influence of perspiration, and was partially absorbed through the skin. Poisonous matter contained in the dye caused death. The first symptoms were vertigo, bleeding from the mouth, and loss of sight. The case baffled the skill of the physicians. Every remedy was tried in vain. Before he died the patient gave the name of the dealer from whom he bought the clothing, and the police are investigating the subject. A solution of the dye given to a dog caused death in an hour.—*Druggists' Cir.*, Jan.

SEWAGE GAS POISONING.

The Philadelphia *Medical Times* contains the report by Dr. J. T. Eckridge of an interesting case of the poisoning of a strong healthy man who went into a privy-well, about fifteen feet deep, for the purpose of cleaning it. Before going in a light had been lowered, but it was not extinguished, and it is important that the fact should be made known that this is no sufficient test of the presence of deadly gases in such places. The poisonous gas in this case was probably either sulphureted hydrogen or sulphide of ammonia, or a mixture of the two. Insensibility was rapidly produced, and his condition for several hours was such that death seemed almost inevitable. He was saved by twelve successive injections of aqua ammonia into the superficial veins of the forearm, a heroic method of treatment, used only as a last resort after all the usual methods had failed.—*Med. Record*.

POISONING WITH WASHING SODA.

The *Pharmaceutical Journal* reports a case of poisoning of a child five years old, from drinking a solution of washing soda, which occurred in Greenwich, England.

The evidence of the mother was that on Wednesday she left the child at home by herself, and during her absence the child drank some water from a kettle on the hob, in which witness had placed a handful of common soda to cleanse it before leaving home. On her return she gave the child some magnesia, and she vomited, and did not appear much the worse, but the next day the symptoms were alarming, and she went to the relieving officer, and obtained an order for medical attendance. On Dr. Hartt seeing the child he found her in a dying state and gave no hopes of her recovery, and she died.

on Thursday afternoon. The child was in the habit of drinking from the kettle.

Dr. Hartt, the parish surgeon, said the appearance of the child were consistent with alkaline poisoning, and the child must have suffered great pain. Three ounces of common soda dissolved in water had been known to kill an adult, and the deceased was presumed to have taken about an ounce.

The jury returned a verdict that the deceased died from drinking common washing soda and water from a kettle by misadventure.—*Druggists' Cir., Jan.*

POISONING FROM WHISKEY.

The Glasgow correspondent of the *Lancet* writes as follows: "Two cases of poisoning from whiskey drinking have been noted in our daily papers during the past week. One man had been drinking in a public house till a late hour, and on going home he procured a further supply of liquor; shortly afterward he fell asleep, and in a few hours fell from his chair, dead. The other case was that of a man who, in drunken bravado, agreed to drink a whole bottle of whiskey 'without taking it from his head,' and did so, with the result that he soon became comatose, and had to be removed to the Infirmary."—*Druggists' Cir., Jan.*

POISONING BY MALE FERN.

A death is reported from Columbo, Ceylon, where a gentleman was prescribed three-quarters of an ounce of ethereal extract of male fern and a drachm and a half of Pulv. Kamalæ, for the cure of tape-worm, and the dose was repeated in four hours. The patient sank, with symptoms resembling those of choleraic diarrhœa. The necropsy revealed congestion of the stomach, with ecchymoses beneath the mucous membrane, and small clots of blood upon the mucous surface of that organ. There were similar patches in both the small and large intestines. Indeed, there was clear evidence of the administration of an irritant poison. The prescription is said to have been one copied by the medical attendant of the deceased gentleman from a work of repute, where the quantity of extract of male fern is apparently a misprint.—*Brit. Med. Jour.—Med. News.*

POISONING BY ERGOT.

A hospital nurse, 28 years of age, five months pregnant, took a quantity of powdered ergot ("two handfuls"), to produce abortion. She had for several months previously taken the fluid extract, but without effect. The symptoms produced by the powder, taken dry and not infused, were vomiting of reddish-brown, pultaceous matter; the lips, and the base and middle of the tongue, were swollen and covered with dry black blood; the lips and edges of the tongue were darker-colored than normal, but moist. The skin was pale and cool, temperature in the axilla 96°, when seen about ten hours after taking the drug. The upper portion of the body was intensely jaundiced. Ecchymoses were seen under the eyes. Patient was in an apathetic condition, with stupor occasionally. She lay chiefly upon the right side. The pulse was peculiar; it was rapid, soft, and disappeared under slight pressure, so that it could not be counted. Respiration noisy and labored, forty-eight to the minute. The area and force of the cardiac pulsation were both increased, while the impulse against the chest-walls was rolling in character; it beat one hundred and fifty to the minute. There was congestion at base of right lung. The patient died from progressive asystole. At the autopsy numerous capillary hemorrhages were found in the various tissues and viscera, although none occurred in the brain. The stomach and abdomi-

nal cavity contained exuded blood; the lungs were anæmic, with the exception of minute hemorrhages and the right basic congestion, the heart was empty; the uterus contained a foetus, but neither liquor amnii nor blood.—*Lancet*.—*Med. News*.

POISONING BY ACONITE ROOT.

The *British Medical Journal* contains a case of poisoning from aconite root, which discloses the existence of a degree of carelessness in dealing with crude drugs which is hardly conceivable. A young man picked up what he thought was a piece of horseradish. Finding it palatable, he ate some, gave a piece each to three young men, one of whom gave a portion to his sister. Alarming symptoms of poisoning appearing in a short time, the five sufferers were taken to the Poplar Hospital. They all complained of a numb burning sensation in the mouth and throat, and there was partial paralysis of the arms and legs. For some time the issue was doubtful, but artificial respiration having been maintained for some hours, the symptoms gradually passed off, the patients all recovering. The supposed horse-radish was found, upon examination, to be aconite root.—*Chicago Med. Rev.*

POISONING BY OLEANDER.

Dr. J. A. WESSINGER, in the *Detroit Clinic*, draws attention to the poisonous properties of *Nerium Oleander*, a conspicuous conservatory plant and ornamental shrub, and narrates a case of poisoning by it. The symptoms were an extensive eruption on lips, face hands, neck and ears, beginning as points of deep red color, then papules, and finally large blebs upon an inflammatory basis, and accompanied by an intolerable itching and burning sensation.—*Can. Pharm.*, Jan.

POISONING BY BELLADONNA PLASTER.—RELIEF BY MORPHINE.

Dr. W. H. MATHER, of Suffield, Conn., sends us the history of a very interesting and somewhat unique case. Last March Mrs. W. had a severe attack of bronchitis with much coughing and expectoration. One of the remedies used was a belladonna plaster about seven by seven, which was placed over the left lung. It remained on for six weeks, when it began to annoy her, and she occasionally raised part of it and rubbed the surface of the skin beneath. Dr. Mather writes: "I removed the plaster entire one evening and rubbed the surface freely with my dry hand. The plaster was then replaced. On the morning following my patient could not see clearly. At 9 A. M., she went to bed and ordered the servant to look in upon her now and then lest she might not be in her right mind when she should awake (she never went to bed in the forenoon before). After one hour she awoke in a terrible dread—suffering a sense of suffocation—of impending danger—of imminent death. Sensation was nearly gone from the extremities; the throat was dry, the pupils dilated, the pulse could not be found. The heart had almost stopped, and was feeble beyond experience. Had it not been for whiskey, vigorously applied externally with friction, and internally she would probably have died before help could be had. She felt impending suffocation, as if she were fighting for dear life every breath she could get. This fear and prostration lasted four hours. Then quiet continued until forty-eight hours after, when, on making exertion to dress and walk down stairs, the same symptoms recurred. Three physicians attended her during the half-day. One believed that morphine would be fatal. I said I would risk it. No sooner had the morphine been absorbed than a calm quiet supervened. The feelings of dread, fear, and terror were banished. The whole system was severely shaken for two weeks. Digestion was impaired and constipation was complete; the

mind was weak. She complained constantly of being 'so tired, so tired.' Large quantities of urine were passed during the stage of greatest prostration." Dr. Mather thinks that he broke off many little papules when the skin was rubbed.—*Med. Record*, Jan. 20.

COMBINED POISONING WITH OPIUM AND STRYCHNIA.

A letter to the London *Lancet* describes a case in which suicide was attempted by a young woman, who took part of a powder of Battle's Vermin-Killer, containing strychnia, of which she must have received about one and one-half grains, and, immediately afterward, two ounces of laudanum. Nearly four hours later, she was found suffering with marked evidences of opium narcosis. Sulphate of zinc produced prompt emesis; her stomach was well washed out with hot water, mustard-water, and coffee; she was dilligently walked up and down, and three hours later was found by the attendant to be improving rapidly, so that it was believed to be impossible that the strychnia had also been taken. Indeed, the only difference noticed between this case and ordinary cases of opium-poisoning consisted in the fact that the pupils were little if at all contracted. One hour later, or eight hours after taking the combined poisons, she had slight convulsive movements of the extremities, which were at first thought to be hysterical, but they gradually increased in violence and frequency until their character was unmistakable. The opium symptoms had now nearly complelely disappeared. Half-drachm doses of chloral, given every hour, controlled the paroxysms, and in ten hours later (making eighteen from the time of taking the drugs) she had entirely recovered.

It is worthy of note in this case that the symptoms of strychnia-poisoning were held completely in check for eight hours by the laudanum, and that recovery took place after the unusually large dose of one and one-half grains of strychnia had been swallowed, although the chloral treatment was not instituted until at least nine hours after taking the poison.—*Med. Times*, Dec. 2.

POISONING BY BARIUM CHLORIDE.

Although the text-books mention the fact that barium is a poisonous metal, cases of poisoning are fortunately rare. The following case shows the necessity for extreme care in keeping it.

A case of poisoning is reported from France (*Journ. Pharm. et Chim.* [5], vi., 271), due to the substitution of a packet of barium chloride, kept for use in the analysis of plastered wines, for a packet of magnesium sulphate. About six grams (93 grains) were taken by a woman of middle age, and the effects were probably intensified by the fact that it was previously mixed with some hot broth. The acridity almost immediately drew attention to the mistake, and first an emetic was administered, then a saturated solution of magnesium sulphate and albumen mixed with water, followed by stimulating drinks taken internally, and external rubbing with a mixture of ammonia and oil. The symptoms were vomiting and diarrhoea, general coldness, cramps limited to the lower limbs, and loss of sensation in the feet, which diminished in intensity in a few hours and disappeared in the course of the next day. There was, however, subsequent constipation.—*Druggists' Cir.*, Dec.

POISONING BY HEAD-CHEESE.

A statement comes through the press from London, Ont., that thirty persons have been poisoned there from eating head-cheese manufactured by the local butchers. The physicians attribute the trouble to bristles being chopped up with the skin of the pork, causing irritation of the stomach's inner coating, and producing spasms and vomiting. Some of the sufferers are very

low, but it is supposed that all will recover. The explanation is plausible, but by no means does it follow that the poisoning might not have been from other causes. The pork used in making the so-called cheese may have possessed some noxious quality, or a poison may have developed in the cheese after its manufacture. It is well known that dairy cheese often develops such a poison. We have known at least one instance of the kind, in which the members of a family and several individuals in the neighborhood suffered severe attacks of cholera morbus, which were all traced to a certain cheese purchased at a grocery store.—*Pacific Med. and Surg. Jour.*, Dec.

HYOSCYAMIA POISONING.

Dr. H. GIBBONS, Sr., reports a case of poisoning in a seventy-five year old woman suffering from paralysis agitans by a one-eighth grain dose of the drug. The symptoms presented were extreme coldness, loss of muscular power, and loss of articulating power. Everything appeared red to her. Hughes (*Alienist and Neurologist*) had already suggested caution in the use of hyoscyamia in the aged.—*Pacific Med. and Surg. Jour.*, Dec.

AVOIDANCE OF IODOFORM POISONING.

In a prolonged discussion on the utility and disadvantages of iodoform, at a recent meeting of the Berliner Medicinische Gesellschaft, Dr. Steinaur had occasion to make some practical suggestions. Iodoform, he stated, when applied locally was always absorbed, though very slowly, and its action was a cumulative one. Hence it was advisable to remove the dressings after five or six days, and substitute some other antiseptic agent—carbolic acid, thymol, salicylic acid, or the like. Iodoform appears in the urine in the form of iodine, in combination with an alkali. We can readily determine its presence by adding nitric acid and starch to the urine, and shaking the mixture when the blue color appears. We have thus a simple means of estimating the amount of iodoform absorbed, and can judge whether danger of poisoning exist or not. The lethal dose in man is difficult to determine. In animals it is stated to be as follows: Guinea-pigs, thirty grains; rabbits, forty-five grains, and dogs, one drachm.—*Berliner Klin. Woch.*—*Med. Record*, Jan. 6.

BRASS POISONING.

It has been observed by Binswanger (*Neurologisches Centralblatt*), that seventy five out of one hundred brass founders suffer from a species of fever. One patient, aged twenty-seven, while suffering from the initial stages of this fever, was attacked by a species of melancholia, with frenzy and hallucinations.—*Alienist and Neurol.*, Jan.

NEW CAUSE OF MERCURIAL POISONING.

The *Medical Times and Gazette* notes several cases of mercurial poisoning (gums swollen, spongy, and tender, with salivation), occurring among men who were employed in exhausting the little globes used in the incandescent system of electric lighting. The poisoning must have been due to mercurial vapor arising from the exhausting pumps, as no mercury was used, except that contained in these pumps.—*Druggists' Cir.*, Feb.

POISONOUS PERFUMES.

Various cases of poisoning from the use of perfumes have been reported in recent English journals. In one instance a little girl had bought some helio-

trope perfume at a bazaar, and had applied it on her face. This caused a vesicular eruption, swelling, itching, and in fact, erysipelas, which lasted for some time. The scent was made with some of the products of coal tar, and not with the odoriferous principles of plants, thus acquiring its irritating properties.—*Med. and Surg. Rep.*

POISONING BY MOULDY SAUSAGE.

More than four hundred cases of poisoning from the use of mouldy sausage have occurred in Würtemberg, Germany, within the last fifty years, of which one hundred and fifty were fatal.—*Leonard's Ill. Med. Jour.*, Jan.

DISEASES OF THE NERVOUS SYSTEM.

TUMORS OF THE FOURTH VENTRICLE.

According to Drs. Spillman and Schmidt, tumors of the fourth ventricle may be divided into two classes: those arising in the parts around the ventricle, and those springing from the ependyma and choroid plexus. The tumors arising from the choroid plexus are usually of epithelial structure, sometimes very vascular, at others without a trace of vessels. Those which take their origin from the ependyma are formed at the expense of the connective tissue, and may be either soft sarcomata, gliomata, or fibromata. Occasionally we find cysticerci and tumors of syphilitic or tubercular origin. The varying symptoms of this condition depend upon the direction of growth of the tumor, with consequent pressure upon various parts. In some cases there is a remarkable tolerance of the new growth, so that almost no symptoms are produced. In other cases the presence of the tumor is manifested by a single symptom, as diabetes. The most frequent symptom is cephalalgia, seldom localized, often intense, and occasionally presenting regular intermissions. Tactile sensibility is usually normal, though in a small number of cases incomplete hemianæsthesia has been observed. Motor disturbances are very common. Sometimes there is a general paresis of all the muscles, at other times more or less complete hemiplegia. An ataxic gait, increased or not by closing the eyes, has been occasionally observed. Choreic movements may occur. In one-half of the recorded cases there were disturbances of the intellectual faculties, loss of memory, apathy, slow response to questions, or even delirium. Epileptiform convulsions sometimes occur. Vomiting is a very frequent symptom. Sudden death was noted in over one-half of the cases. The diagnosis is usually difficult, the only symptom directly referable to a lesion of the fourth ventricle being diabetes. This condition is often absent, and even when present is not sufficient, taken by itself, to render a diagnosis certain.—*Arch. Gén. de Méd.*—*Med. Record.*

CEREBRAL TUMOR—AUTOPSY—ENDOTHELIOMA.

Under the care of Dr. PHILIPSON.—J. M., aged 36, machinist, was admitted into the Newcastle-on-Tyne Infirmary, May 11, 1882, in a state of stupor, and complaining of pain at front and back of head. Patient could give very little account of himself. His friends stated that he had first complained of pain in the head four months previously, and that for the last three months he had been unable to work; also, that he had attacks of vomiting and giddiness from time to time. No history nor any signs of syphilis; nor at this time could any history of cranial injury be got, but after his death his friends admitted that he had had some injury to the head.

When admitted, patient was in a state of stupor. Memory appeared much affected. There was double internal strabismus, with unequal pupils; double optic neuritis. Hearing unaffected; sense of smell lost. Lies on back; stumbles on trying to walk. Is with difficulty got to answer questions; speech slow and hesitating; pain in head apparently increased by percussion in right frontal region.

From the sickness, headache, double optic neuritis, etc., Dr. Philipson diagnosed the presence of a cerebral tumor, probably situated in the frontal region.

May 20.—Patient still more torpid, bowels obstinately confined, can scarcely be got to take any food, pupils insensible to light. He died seven days later.

Post-mortem examination.—When the calvaria was removed, the membranes appeared normal. The right frontal bone had on its internal surface a much greater concavity than the left, and at its upper and outer part was rough, deeper in color, and thinned. The dura mater was very adherent toward the front of the longitudinal fissure, and over the right frontal lobe. The right frontal lobe was very hard to the touch, and was gray and mottled, and in all its diameters it was larger than was the left lobe. On section a new growth was discovered, which presented an almost fibrous resistance to the knife, and was found to occupy the whole of the right frontal lobe. It was grayish, with a ragged outline, and measured three inches in each diameter. It was surrounded by soft diffuent cerebral tissue; but all the rest of the brain was healthy. On microscopical examination the tumor was found to present all the characters of an endothelioma.—*Med. Times and Gazette*.—*Med. Times*.

TUMOR OF THE CORTEX—SYMPTOMS.

A case presented in Prof. WAGNER's clinic, *Pest. Med. Chi. Press*, in which an apparently terbuticular tumor the size of a walnut occupied the left upper temporal lobule, causing softening which extended to the posterior central convolution, with the following symptoms: Awkwardness and debility of the right hand movements and two attacks of convulsions, the spasms beginning in the same hand; the patient died in the second paroxysm.—*Alienist and Neurologist*.

LESIONS OF THE TEETH IN LOCOMOTOR ATAXY.

At the meeting of the French association for the Advancement of Science, on August 30th, a communication was made by M. Th. David upon lesions of the teeth found in locomotor ataxy. The paper was based upon the observation of a single case, and the following are the most important of the conclusions arrived at from an attentive study of it. The alteration consisted of a rapid decay of the anterior part of the crown of almost all the teeth. The altered substance assumed the consistence of touchwood and a reddish color. The enamel still retained its polish, but not its hardness. Beneath those parts the pulp had produced a new layer of secondary dentine, and in most of the front teeth the pulp-cavity was filled up. These alterations had nothing in common with caries and must be referred to nutritive disturbance resulting from the lesion of the central nervous system. The changes are analogous to those which have already been observed to take place in the nails in the course of locomotor ataxy; they would thus establish a pathological relationship between organs already connected by a common epithelial organ. Locally, these alterations recognize for their immediate cause a functional disturbance or a lesion of the dental pulp. The atrophy which has been shown to exist would be quite comparable to that which is observed in the eye under similar circumstances. Whence the final conclusion that we must attribute to the dental pulp the physiological significance of a sensory organ.—*Med. Times and Gaz.*—*N. Y. Med. Jour.*, Jan. 20.

LOCOMOTOR ATAXIA.—GASTRIC CRISES.

In one of RUSSELL's cases of locomotor ataxia what appeared to be gastric crises were developed two years before the advent of any other symptoms. In the second case, about a year after the first symptoms of the disease, there was necrosis of the phalanges of both great toes, and afterward periostitis of the terminal phalanges of the second toes. The symmetry of the lesions is worthy of remark as pointing to a central origin.

The symptoms attending the gastric crises of the pre-ataxic stage of locomotor ataxia are usually those of a gastralgia, and not of primary gastric irritability, the pain being by far the most prominent symptom, and the emesis being a secondary phenomenon, and one that is occasionally absent. Lépine, however, has observed some cases in which the pain was absent, and the gastric symptoms were confined to an extreme intolerance of food. In one case this irritability was so excessive that even a drop of water would be rejected instantly, and this condition persisted for two weeks.—*N. Y. Med. Jour.*, Dec.

HYSTERICAL SPINE.

There is a form of backache in which, according to Dr. VINCENT (*Medical Press and Circular*), pressure does not increase the pain, but rather relieves it. There is no tenderness elicited by pressure with the open hand along the spine, but, on the contrary, if the finger be drawn lightly along the spinous processes, marked evidences of pain are noticed. On tapping the spine with the finger, the same cringing and finching of the patient will occur enabling the soreness to be localized. This is very apt to be in the lumbar region, especially if any uterine irregularity exist. There is great weakness of the muscles accompanying this condition, and the back is limp and bent. The prognosis is good, especially in the younger cases. Support; systematic exercise with the trapeze, the cold douche to the spine, or with the sponge, followed by friction, and moral treatment, are especially relied upon. Drugs are of little use.—*Med. Times*.

DISSEMINATED SCLEROSIS OF THE SPINAL CORD.

J. W. HOLLAND, M. D., Prof. Pathology, Nervous Diseases, and Clinical Medicine, University of Louisville, reported to the Louisville Medico-Chirurgical Society, the following:

On November 1, 1882, I made an examination of a patient sent me by Dr. W. H. Long, of this city, which presented features of a rarity sufficient to justify a special report.

J. C., aged twenty-seven, of Corydon, Ind., healthy during childhood, when twelve years of age began to stagger in walking. He was easily tired, and after exertion had a weak and aching feeling about the loins. From being occasional, the peculiar gait became constant; then the hands were affected with tremor on exertion, followed by weakness in hands and arms. The tremor grew in all the extremities, and eventually he suffered from spasmodic contractions in them. Gradually the weakness involved the trunk and the neck.

Three weeks ago, for the first time, a defect in speech was perceptible; at the same time there was a marked increase in the general paresis with a slight numbness which was also general. At present he is enfeebled to some extent in all the muscles of the neck, of articulation, of the trunk and of the extremities. The legs are paralyzed almost completely, the tremor has departed from them. The hands are not tremulous, but move in erratic paths when executing the commands of the will; they are still useful members. The affection of sensibility are not very decided. There is no pain. The reflexes are exaggerated. No incoördination has been observed at any time.

The bladder, rectum, and sexual apparatus are unaffected, though he has been of costive habit for years. The mind is clear, facial expression sad and dull, voice of uncertain pitch, and speech muffled. The head droops, and the body leans forward in a limp posture. There is no perceptible wasting of muscles, and he reports a gain in weight during the last year.

I take it that there will be no doubt of the diagnosis *disseminated sclerosis*, limited to the antero-lateral columns of the cord with a recent extension to the bulb. Such cases are not uncommon; the anomalous features remain to be told. He has four sisters, two healthy, and two afflicted like himself. In searching the annals of neurology I have not found a parallel to this group. Three in one family are at the same age siezed in the same way! Father and mother alive and free from nervous maladies. My patient knows of no similar case in the family traditions as far back as they go.—*Louv. Med. News*, Dec. 9.

WASTING PALSIES OF THE ARM.

VERORDT (*Deutsches Archiv. für Klinische Medizin*), calls attention to the following points of differential diagnosis in these affections. First: Traumatic peripheral paralysis. The motor symptoms are limited to the sphere of the affected nerve. The sensory troubles do not progress in a parallel manner with the motor. Electro-diagnosis yields contradictory results. Second: Peripheric Neurosis. The motor affection is limited to the nervous territory affected. Muscular feebleness usually precedes the atrophy, but the two may be co-existent. Sensibility is abolished in the territory affected, often in a small part only, sometimes co-existent with the trophic and motor affection—diagnosis yields variable results. Degeneration reaction complete or partial in the majority of cases. Tumefaction along the path of the nerve with local pain and centripetal irradiations. Third: Progressive muscular atrophy is more or less diffuse; sometimes very irregularly spread, always corresponds to certain nerve territories. It originates in the muscles of the hands. Atrophie and paresis progress side by side. No sensibility trouble. Degeneration reaction always, at least partial, sometimes complete at onset. Fibrillary contractions are very frequent. Fourth: Chronic anterior poliomyelitis. Irregular muscular degeneration. The paresis first appears ordinarily; the atrophy follows, but there are intermediate forms, and there may be complete parallelism. The degeneration reaction is either complete or partial.—*Gaillard's Med. Jour.*, Feb.

PARALYSIS AGITANS.—COLD TO BACK OF NECK.

Professor BRANDES, of the General Hospital at Copenhagen, writes to the *Gazette Medicale de Paris* that he has cured two recent cases of paralysis agitans by the continuous application of cold to the back of the neck. In older cases the method failed.—*Med. Record*, Jan. 27.

TELEGRAPHISTS' CRAMP.

Dr. EDMUND ROBINSON in the *British Medical Journal*, reports a number of cases of the above trouble. In each case, the symptoms as observed closely resembled the phenomena of scrivener's palsy. In each case pain and spasm were induced only when the sufferer was engaged in this particular calling. It is worthy of note that each one of the cases mentioned, had been engaged in working Morse's instrument. The length of time which elapsed between beginning the occupation and the occurrence of the spasm in each individual varied much.—*Chicago Med. Rev.*, Dec. 1.

WRITER'S CRAMP.

A writer in the *London Medical Record* describes an invention of Professor von Nussbaum for the treatment of writer's cramp. The device was tested and found successful in a large number of cases obtained for the experiment by means of an advertisement of a "gratis cure." The apparatus depends upon the theory that whatever may be the cause of the affection, the normal antagonism of the muscles is pathologically altered, a spastic contraction of the flexors and adductors being always associated with weakness of the extensors and abductors. If, then, one could construct such a pen-holder as could be manipulated by the extensors and abductors instead of by the flexors and adductors, the cramp could not possibly occur, and thus the act of writing would prove the best means of curing a writer's cramp.

Acting upon this idea, Professor von Nussbaum constructed a kind of "bracelet" of gutta-percha, of an irregular oval shape, and about three inches and a half in diameter, just wide enough to admit all the fingers. Thrusting the thumb and first three fingers into this bracelet, he found that strong extension of the inclosed fingers and the abduction of the thumb were necessary to keep it fixed in its place. To the upper surface of the bracelet a pen-holder was attached by a screw, and adjusted so that the point of the pen should lie in a convenient position for writing when the hand was laid flat upon the table.

The more powerfully the movements of extension and abduction are employed, the more firmly will the bracelet be held, and, as a consequence, the better will be the writing. The form of the bracelet admits of variation, the object being to give employment as fully as possible to those muscles which, in the writer's cramp, remain weak and inactive, and thus to restore a normal antagonism between the two sets of muscles.—*Boston Med. and Surg. Jour.*, Jan. 11.

HEMICHOREA AFTER LIGHTNING STROKE.

GREIDENBERG records (*Fratch*, 1882, Nos. 10 and 11) an interesting case where a telegraph clerk—a woman, aged 38—was struck by lightning on her left hand when she was engaged in closing the circuit during a thunder-storm. Having recovered from the shock, the patient found a small burnt spot on her left little finger, but felt no pain. Within a fortnight after the accident, constant movements in her fingers developed, which, some months later, spread over the whole upper limb, and, still later, over the whole left half of the body. Dr. Greidenberg, who saw the patient eight months after the accident, recognized a typical case of hemichorea, the movements being most intense in the upper limb, which was considerably wasted, and showed considerable loss of muscular power. The treatment consisted of daily galvanization, one pole being applied first to the spine, afterward to the median nerve; another to the left brachial plexus. After five sittings of ten minutes' duration, and with the current from twenty elements, there began a decided improvement, which proceeded without interruption. After fourteen sittings the movements continued in the fingers only, and very soon the patient recovered so far as to be able to work with both hands, to embroider, etc. About three months later she returned to her professional occupation. The only traces left of the hemichorea were extremely slight motions in the fingers, controlled by the patient's voluntary efforts; slight tremor of the limb when raised; and, lastly, the burnt spot on the little finger, which had not healed, though more than a year had elapsed.—*London Med. Record.*—*Med. News*, Dec. 16.

TRISMUS OF CEREBRAL ORIGIN.

Prof. LEPINE reports the case of a woman who died of cerebral apoplexy, who as the sole convulsive symptom had persistent trismus from the onset to the termination of the disease. At the autopsy there was found a small

hemorrhagic foyer in the gray matter of the insula and at the foot of the ascending frontal convolution. This is the point whose excitation in monkeys causes movements of the jaws.—*Rev. de Méd.—Med. News, Dec. 9.*

TETANUS FROM A CARIOUS TOOTH.

The *American Journal of Dental Science* says that a very remarkable case of fatal tetanus, ascribed to the irritation of a carious tooth, was reported some time back in one of the West of England journals. The patient was a shoemaker, residing at Bridgewater, who had enjoyed excellent health until he was siezed with violent pain in the side of his head. He was treated in the first instance by a chemist for neuralgia, but the symptoms becoming aggravated, Mr. Kemmis, a medical practitioner, was called in. He found the patient insensible, with his jaw locked and immovable. Treatment, however, was unavailing; the man remained insensible, and died in a few hours. At the inquest Mr. Kemmis stated it as his opinion that death was due to tetanus brought about by a decayed tooth, and he characterized the case as a most extraordinary one—a statement with which every one will agree. Simple trismus from some form of dental irritation, generally the difficult eruption of wisdom teeth, is not a very rare phenomenon, and cases of it will be found recorded in several of our back numbers. But general and fatal tetanus from a similar cause is happily of extreme rare occurrence. Mr. Tomes has recorded a case which was apparently due to the operation of pivoting, and Wedl has mentioned one in which tetanus followed the extraction of a tooth. In Mr. Tomes's case, as in the one the particulars of which are given above, death occurred very soon after the first appearance of muscular spasm.—*Med. and Surg. Rep., Jan. 27.*

INSANITY FROM IODOFORM.

Smidt Central fur. Nerven., Dec. 1, 1882, has reported the following case of insanity from iodoform poisoning: A woman, sixty-seven years old, without neuropathic family history, had used in the treatment of an ulcer on the foot, iodoform for several weeks, one hundred grains in toto. This was followed at first by headache and dizziness. Later on there came hallucinations of hearing, sight and feeling. Within a week this was followed by amnesia and general disquiet, loss of personality and slight dementia. There was also detected in the patient an iodoform amblyopia similar in character to the amblyopia of alcohol. The patient ultimately recovered from the acute symptoms, but remained mentally weak.—*Chicago Med. Rev., Jan. 1.*

DOMESTICITY AS A CAUSE OF INSANITY.

There is a "moral" worth pondering in the following brief extract from the *Report of the Hartford Retreat for the Insane*:

Mrs. M——, aged forty-four, mother of eight children, acute mania. The husband, when asked if he could suggest any cause for her illness, exclaimed, with much animation, that he could not conceive any reason. "She is a most domestic woman; is always doing something for her children; is *always* at work for us all; *never* goes out of the house, even to church on Sunday; never goes gadding about at the neighbors' houses, or talking from one to another; has been one of the best of wives and mothers, and was *always* at home." The superintendent, in commenting on this case, says: "This appreciative husband could hardly have furnished a more graphic delineation of the causes of his wife's insanity, had he understood them never so thoroughly."—*Boston Jour. Chem., Jan.*

NUTRIENT TREATMENT OF INSANITY.

"The greater ~~my~~ experience becomes," writes Dr. CLOUSTON in the Annual Report of the Royal Edinburgh Asylum for the Insane, 1881, "I tend more to substitute milk for stimulants. I don't undervalue the latter in suitable cases; but in the very acute cases, both of depression and maniacal exaltation, where the disordered working of the brain tends rapidly to exhaust the strength, I rely more and more on milk and eggs made into liquid custards. One such case this year got eight pints of milk and sixteen eggs every day for three months, and under this treatment recovered. I question whether he would have done so under any other. He was almost dead on admission, acutely delirious, absolutely sleepless, and very nearly pulseless. It was a hand-to-hand fight between the acute disease in his brain and his general vitality. If his stomach could not have digested and his body assimilated enough suitable nourishment, or if he could not have been taken out freely into the open air, he must have died. But to-day he is fulfilling the duties of his position as well as he ever did in his life. All acute mental diseases, like most nervous diseases, tend to thinness of body, and therefore all foods and all medicines and all treatments that fatten are good. To my assistants and nurses and patients I preach the gospel of fatness as the great antidote to the exhausting tendencies of the disease we have to treat, and it would be well if all people of nervous constitution would obey this gospel.—*Boston Jour. Chem., Dec.*

IDIOPATHIC SPASM OF THE GLOTTIS.

This affection has been first accurately described by Fleury. Dr. O. BERGER now reports two cases of this kind which came under his charge. (*Neurol. Cbl.*, 1882-3.) One was the case of a lady, æt. 28, not hysterical. She for several years had occasionally, and while otherwise in perfect health, suddenly the sensation of tension in the upper part of the throat, and her tongue appeared swollen to her. One to two minutes later the organ was seized by violent rythmic contractions, 50-60 in a minute. The tongue was thrown forcibly against the front teeth. Nowhere could anything abnormal be detected. Cure was established by the long-continued sojourn at Landeck (spring containing iron). In the second case a man æt. 42, the tongue was thrown forcibly out of the mouth. This had happened several times daily for over two years. A tonic treatment was here also successful.—*Med. and Surg. Rep., Jan. 20.*

SPASM OF GLOTTIS—GALVANIC CURRENT.

Dr. STRASSMAN reports, *Berlin Klin Woch*, two cases of spasm of the glottis. An anemic girl of sixteen years had a constant sound with inspiration like that of a toad and palpitation of the heart, and was cured by metallotherapy. Dr. S. is not inclined to call it hysteria. A boy of eight and a half years had with expiration a sound like that of a dying animal, changing afterward to that of a sheep, with some tickling in the throat and pains in the abdomen. It was a constant crying about every five minutes. During the night there was perfect rest. The galvanic current cured him completely after the second session. Dr. Strassman refers to some other cases, and calls the disease neurosis of the vagus nerve.—*Amer. Pract., Jan.*

CEREBRAL SYMPTOMS PRODUCED BY ASCARIS LUMBRICOIDES.

Dr. SAMADA reports (*El Sentido Catolico en las Ciencias Medicas*) a case in which severe symptoms were produced by the presence of a large number of ascarides lumbricoides. The patient was a lad about eight years old. His

attack commenced with severe headache, attributed to a fall sustained a few days before. This was followed by photophobia, conjunctival injection, and later by profound coma. Constipation was present, and, as a saline purgative did not produce an evacuation, calomel and aloes were administered. This produced several evacuations, each containing about thirty ascarides. The head-symptoms ceased from the moment the bowels were purged, "as if by magic."—*Med. Rec.*, Jan. 27.

DISEASES OF THE ORGANS OF RESPIRATION.

DIAGNOSIS OF PULMONARY SYPHILIS FROM PULMONARY TUBERCULAR PHTHISIS.

Dr. ENGEL, A. M., M. D., in the *Medical Times*, after citing a case of pulmonary syphilis, which ordinarily would have been diagnosed as pulmonary tubercular phthisis, gives the differential diagnosis of the two which he drew from the case mentioned. In the diagnosis of pulmonary syphilis the following points may be mentioned: The history of a specific infection, the primary sore, the bubo and the symptoms and signs of the constitutional disease; then possibly the presence of an ulcer, osteocopic pains or marks left by cicatrices of former sores; perhaps also the absence of any hereditary tendency, though this fact cannot be considered of great weight in the light of Koch's investigation concerning the true cause of tuberculosis. Lastly, all the symptoms and physical signs of tubercular disease of the lung, accompanied by frequent recurrence of a moderate hæmoptysis. In pulmonary consumption, however, the hemorrhages are not so apt to be so frequent. The sputa are nummular in form, mostly thick, yellow, while those of pulmonary hues are usually brownish or reddish, sometimes gray. In the last stages of true tubercular consumption the clubbed appearance of the nails, due to absorption of fat, is never absent, while in pulmonary syphilis the nails give evidence of disturbed nutrition, but are never clubbed. The success of the anti-syphilitic treatment will always save the life of the syphilitic patient, while it would hasten the unavoidable fate of the consumptive. Some very interesting points can be gleaned in the pathology of the disease from the very ingenious work of Guntz (Berlin, 1881, and *Allg. Med. Centr. Zeitschr.*, 78, 1881.) Dr. Engel is of the opinion that iodide of potassium has been recommended for the cure of tubercular consumption, because cases of syphilitic infiltration of the lungs have occasionally been mistaken for pulmonary phthisis, and the success of the specific treatment warranted, considering the error of diagnosis, the assumption of iodide of potash being a sovereign remedy in tuberculosis.—*Chicago Med. Rev.*

SULPHUROUS ACID IN CONSUMPTION.

Most readers are aware that sulphurous acid is one of our most important bacillicides, and the more to be recommended, as it can be inhaled with impunity. Mr. Julius Kircher, a pupil of Liebig, and owner of a chemical factory in Brooklyn, writes as follows to the *Zeitsch. d. östr. Apoth. Verein*:

The observation of Koch has found a brilliant confirmation in my factory, where a large quantity of sulphur is evaporated daily. That in this process a great deal of sulphurous acid is formed can easily be imagined. During the forty-four years that my factory has existed none of the many laborers have ever been affected by tubercular consumption; nay, more, frequently enough persons in the beginning stages of this disease applied for admittance and were cured within a few weeks, simply by inhaling the sulphurous acid.

If not too far progressed, these individuals become strong, stout, and perfectly healthy again.

All diseases zymotic in character, even cholera, stay away from this factory and those working there. Persons affected with bronchial catarrh are rapidly cured.

Phthisical patients should live in rooms where hourly one to two drachms of sulphur are evaporated on a warm stove. First eight or ten days there is increased irritation of cough and expectoration; then these cease, and the individual rapidly improves. Convalescents should live for a time in rooms filled with aromatic watery vapors.—*Med. and Surg. Rep.*

HYPOPHOSPHITES IN PHTHISIS PULMONALIS.

THOROWGOOD claims a very high value in this affection for the hypophosphites, having seen better results from them than from cod oil and iron. In caseous and scrofulous pneumonia they often act like a charm. He has always found them useful and never harmful, and urges a more extensive employment of them. In using, first see that no renal or hepatic complication exists, and then test the remedy, seeing that it ignites readily when heated. Give in water or syrup. A little carb. soda may occasionally be advantageously added.—*Brit. Med. Jour.*—*Med. Summary, Dec.*

IODOFORM IN THE TREATMENT OF TUBERCULOUS AFFECTIONS.

KÜSSNER recommends warmly the use of iodoform in phthisis of the larynx and lungs. He has never seen indications of irritation following its use on the respiratory apparatus. In most cases tuberculous ulcers are cured, and in some cases the lung trouble is improved. In applications to diseases of the larynx iodoform in fine powder can be insufflated, or iodoform one part to ten parts of glycerine can be applied with a brush. Küssner prefers insufflations of finely powdered iodoform, and in addition he directs his patients to inhale an emulsion of iodoform three or four times a day. This emulsion is made fresh at each sitting as follows: Add 3 parts of water to a 10 per cent. alcoholic solution of iodoform, and inhale of this 30 cctm. Patients do not object to the taste of this mixture.—*Deut. Med. Woch.*—*Therap. Gaz.*

VOMITING IN PHTHISIS.

To relieve this symptom, Dr. Woillez painted the pharynx with a solution of bromide of potassium and found it very useful. A pencil of charpie dipped into a solution of pure bromide in two-thirds of water was passed rapidly into the pharynx before meals, the patient being required to abstain from expectoration after as long as possible. In several cases the vomiting was arrested by the first application, while in others the action, though less immediate, was beneficial.—*Jour. de Thérap.*—*Louv. Med. News, Jan. 6.*

COUGH OF PHTHISIS.

Dr. Alonzo Clark, in a recent clinical lecture, published in the *Medical and Surgical Reporter*, gives a very useful point in controlling the cough of phthisis, or at least bringing it within bounds. He directs that two grains of the extract of opium, which has been dissolved before, be dissolved in three ounces of water, and if desirable a small quantity of glycerine may be added. The solution is to be placed in an atomizer. The spray is to be inhaled seven or eight times in succession, and repeated as necessary.—*Chicago Med. Rev.*

HOMATROPIN IN THE NIGHT-SWEATING OF PHTHISIS.

Dr. FRONMÜLLER prefers homatropin to atropin as an agent for checking the night-sweats of phthisis. He administers it (*Memorab*, 1882, Heft 1) in the form of pill, containing about one-fourth of a grain of the hydrobromate. This dose, he finds, acts effectually in almost every case, and in the great majority of cases the effect persists over the following night also. In none of his cases was there dilatation of the pupil, and in very few were there other toxic symptoms, such as dryness of the throat, etc. Dr. Fronmüller finds homatropin also an immediate and certain antidote to pilocarpin. In both respects he considers that the action of homatropin is more constant, and quite as effectual as the more dangerous atropin.—*London Med. Record*.—*Cin. Lan. and Clin.*, Dec. 2.

SALICYLIC ACID IN NIGHT-SWEATS.

The following powder is recommended by Dr. KÖNHORN in the night-sweats of phthisis: Acid. salicyl. gr. 45; starch, 3 2½; chalk, 3 2½. The entire body of the patient is dusted with this powder at bedtime. The author claims to have obtained great success by this treatment. The same powder is employed in the Austrian army in sweating of the feet.—*Memorabilien*.—*Med. Record*, Jan 27.

PRIMARY CANCER OF THE LUNG.

Dr. G. W. H. KEMPER says: Given a case of obscure lung disease with edema of the corresponding arm, enlarged superficial veins of the neck, chest, or abdomen, and accompanied with dyspnea, and we could scarcely hesitate to declare upon these symptoms alone that the lung was cancerous.

The following is Stoke's summary of the diagnostic marks: "That in simple cancerous degeneration of the lung the principal physical signs are the gradual diminution of the vesicular murmur without râle, its ultimate extinction, and the signs of perfect solidification. That evidences of perfect solidification are better found in this disease than in any other pulmonary affection." "Also pain of a continued kind; a varicose state of the veins in the neck, thorax, and abdomen; edema of one extremity; rapid formation of external tumors of a cancerous character; expectoration similar in appearance to current jelly; resistance of symptoms to ordinary treatment. That, though none of the physical signs of this disease are (separately considered) peculiar to it, yet *that their combinations and modes of succession* are not seen in any other affection of the lung."—*Obst. Gaz.*, Dec.

RETARDED CONVALESCENCE IN PNEUMONIA.

T. B. GREENLEY, M. D., Orel, Ky., writes: In December, 1878, Mrs. K. had an attack of pneumonia of right lung involving the lower and middle lobes, from which she only partially recovered. She was able, however, to be up and attend to household matters, complaining of some cough and dull pain in side affected. In August, 1879, she came under my observation. On examination found her temperature two degrees in excess, pulse ninety, cough of an irritable hacking character, dull pain in the side, hurried respiration on exercise, and consolidation of middle and lower lobes right lung. Notwithstanding all these symptoms, she was up most of the time superintending domestic affairs.

I put her on the following treatment: R Emplast. ung. canth. applied over part of lung affected, and ammonium chloride, grs. x, three times a day in solution. The plaster was allowed to stay on until vesication ensued, and when the surface was about healed over reapplied until made sore again.

Under this treatment the patient rapidly recovered the function of the crippled lung.

The use of the chloride of ammonia was suggested to me in the treatment of retarded resolution of consolidated lung by having used it successfully in hypertrophy of the liver some years ago.

I am inclined to think, from the success I had in several cases, that chronic pneumonia, or rather retarded resolution, may be relieved even after existing as long as twelve months, provided abscess has not formed in the diseased tissue.—*Louv. Med. News*, Dec. 23.

ACUTE PNEUMONIA AN INFECTIOUS DISEASE.

We have during the last six months frequently taken occasion in the *Medical and Surgical Reporter* to mention every kind of evidence going to prove that acute lobar pneumonia is an infectious disease, which should be classed amongst the infectious fevers. To-day we again have the opportunity of doing so. A not less careful investigator than C. Friedländer (*Virchow's Arch.* lxxxvii., p. 319) examined the lungs of eight cases of fibrinous pneumonia, and found in all of them micrococci, having nearly the same size and shape in every case alike. They had a somewhat ellipsoid form, and were met with mainly in the fibrinous props of the bronchi and the alveoles; and also in the lymphatic paths.—*Med. and Surg. Rep.*, Jan. 13.

OLIVE OIL IN CHEST DISEASE.

W. THORNTON PARKER, Acting Assistant Surgeon, U. S. A., writes: In the *Philadelphia Medical Times* for July 15, 1882, is a very valuable communication from Dr. Frank Woodbury, "On the Rational Treatment of Pulmonary Consumption." In this article I notice the following passage: "In all forms of chronic bronchial disease, the use of inunctions, of cocoanut oil, walnut oil, sweet oil, lard or similar substances will improve the nutrition, and relieve the congestion of the mucous lining of the air passages." This statement I consider of practical importance to the profession.

While a student in the private clinic of Prof. Von Gielt, at the General Hospital in Munich, in 1873, I learned from him the value of sweet oil (*oleum olivæ*) in all forms of chest trouble, acute and chronic. Olive oil is undoubtedly superior to all the other preparations which Dr. Woodbury has recommended for inunction.

Prof. Von Gielt uses olive oil in the following manner: The patient's chest is first thoroughly bathed in the olive oil, slightly warmed; then a strip of clean, old and soft shirting, large enough to envelop completely the whole chest, and saturated with the oil, is carefully adjusted. Another piece of dry cloth covers the first; over this can be placed cotton batting or flannel, but usually only the clothing of the patient. This is the only application made by Prof. Von Gielt in diseases of the chest where *warmth* is indicated.

These inunctions of olive oil will be found excellent in all cases where artificial nutrition is sought for. This method of treatment is especially advisable in bronchitis, pleurisy, pneumonia, and pulmonary consumption.—*Med. Times*, Dec. 30.

FETID BRONCHITIS—HYPOSULPHITE OF SODIUM.

Under the above title Dr. E. LANCEREAUX, in a recent issue of the *Bulletin de Therapeutique*, treats of fetid bronchitis chiefly from the therapeutical point of view. The real causes of the malady are not fully understood. Dilatation of the bronchial tubes, and accumulation in the dépôts thus formed, of the muco-purulent secretion, is probably the first step, decomposition of the muco-pus under the agency of atmospherical germs being then produced. Butyric and valerianic acids are amongst the odorous substances thus formed.

Dr. Lancereaux regards this a most fatal malady—an opinion in which all experienced physicians will concur. It is well known that the lesions are not limited to the bronchi, but extend to the peri-bronchial connective tissue, and to the pulmonary parenchyma ultimately. So fatal is it, that all of the subjects of this disease admitted to *la Pitié*, died, when treated in the orthodox way, with alcohol and quinine. Far different has been the result, when treated with hyposulphite of sodium. His observations are based on twenty cases—fourteen treated by the old method—which proved fatal, and six treated by the hyposulphite, all of which recovered. He gives the details of the latter.

The mode of administering the remedy is very simple. It consists in giving four to five grammes (about 62 to 80 grains) in an ordinary solution daily for a month to six weeks, after which the amount used will be determined by the conditions present. The digestive functions are improved rather than embarrassed, and no derangements of any kind are to be referred to its action. It does not produce the desired result immediately, but several days, often a week, will elapse before the curative results are manifest. The first effect of a therapeutical kind observed is a diminution in the odor of the sweat and of the muco-pus brought up from the bronchi. The amount of the secretion diminishes and its character changes, becoming more distinctly mucous and viscid. Following this lessening of the expectoration and disappearance of its fetidity, the appetite improves and the weight lost by the continuance of the disease is regained, and the bodily forces are restored to their wonted activity. The time required to effect these marvelous results varies somewhat, but the rule appears to be that in from six weeks to three months the changes in the condition of these subjects, above described, will have taken place. Sometimes, it is true, in the course of the treatment, there may be a return of the fetidity, but it will be brief, and the evil odor will gradually disappear, and permanently.—*Med. News*, Jan. 6.

DYSPNŒA—ASPIDOSPERMINE.

EULENBERG in the *Medicinal Kalendar* for 1883, gives the following formula for administering the active principle of quebracho, which, it has been claimed, may be used with benefit in all forms of dyspnœa without regard to the cause:

℞ Aspidospermine, 1 grm. (gr. xv); Aquæ distillatæ, 50 grms. (f ʒ jss); Acidi sulphurici, q. s. ad solve. M. Dose, 1 gramme (15 minims), containing 2 centigrammes (gr. ʒ) of the remedy, or more.—*Le Progrès Méd.*—*Med. Times*, Jan. 13.

HÆMOPTYSIS—HÆMOSTATIC PILLS.

℞ Dextro-quinæ, 3 j; Ergotinæ, 3 j; Digitalis pulv., Ext. hyoscyam, aa grs. v. M. ft. pil no xl. Sig. Two pills every two or three hours—in epistaxis, hæmoptysis, etc.—*Mo. Rev. Pharm.*, Dec.

WHOOPING COUGH—BROMIDES AND CHLORAL.

M. DUJARDIN BEAUMETZ recommends the combination of the bromides and chloral as being very useful in whooping cough. He gives one dessert-spoonful of the mixture in a glass of milk, to which the yolk of an egg has been added, evening and morning.

℞ Potassii bromidi, 3 ss; Sodii bromidi, 3 j; Ammonii bromidi, 3 ss; Syr. chloral, ʒ iss; Aquæ, ʒ ij.—*Can. Lancet*, Dec.

ETHYL BROMIDE INTERNALLY FOR SPASMODIC COUGH.

Dr. WILLIAM SQUIRE recommends a solution of bromic ether in water (1 to 200) for administration in whooping-cough, as well as for angina and spasmodic pain. It may be given in the same manner as the aqua chloroformi of the British Pharmacopœia.—*Med. Times, Dec. 30.*

DISEASES OF THE ORGANS OF CIRCULATION.

VENESECTION AS A THERAPEUTIC AGENT.

Symptoms of a renaissance of blood-letting as a therapeutic agent, have within a few years been occasionally cropping out. There is little doubt that in the reaction following the abuses of the practice a half a century ago, the opposite extreme was reached. A change of the type of disease had, doubtless, something to do in bringing this means into disuse, but fashion was probably the most potent factor. While the continued prevalent asthenic nature of disease will stand as a defence against the old time abuse, the present generation will, if the signs of the times be rightly interpreted, not have passed away without witnessing the reinstatement of the phlebotomy knife into the pocket case. There are, beyond peradventure, many cases to-day in which the abstraction of blood is strongly suggested by the symptoms, but in which dominant fashion arbitrarily forbids the arm to be bared.

Dr. Robert Boal, in a paper read before the Peoria, Ill., Medical Society, and published in the *Peoria Medical Monthly* for January, discusses this question in the light and experience of some forty years. After an introduction, consisting of a historical resumé, he plants himself directly in opposition to Bennett's dictum that "inflammation is a self-limited process which cannot be cut short or interfered with to advantage." He is convinced that early and judicious blood-letting does modify if it does not subdue congestion and inflammation, and that it is, moreover, "one of the surest, mildest and safest of remedies." He aims not to reduce the strength of the patient, but merely to reduce vascular excitement, to equalize the circulation and prevent congestions or determinations of blood to particular organs or tissues. He has seen "many cases in which moderate general or local abstraction of blood, instead of lessening the patient's strength, actually increased it." The bleeding removed a load in these cases under which the patient staggered, the system not having less strength but being weighed down by more than it could carry. The forms of disease in which Dr. Boal would resort to blood-letting are the following:

1. In inflammation of high and active grade, in whatever organ of the body it is present.
2. In cases of congestion or engorgements, threatening hæmorrhage or inflammation.
3. In a general plethoric condition of the system, threatening inflammation, congestion or hæmorrhage from some particular organ.
4. In spasms or convulsions of a sthenic character.—*Med. Age, Jan.*

THERAPEUTICS OF ANEMIA.

In his Gulstonian Lectures upon Anemia, Dr. SIDNEY COUPLAND showed that iron acted with great rapidity in enriching the blood with corpuscles. He has found arsenic in some instances more efficacious than iron, and as a hematinic ranks it next to that metal. Phosphorus had been given with benefit to a case of idiopathic anemia. Quinia, strychnia, and the mineral

acids were of value as aids to iron. Manganese is a dead failure. Oxygen increases appetite and assimilation, but is not hematinic directly. Transfusion, as a last resort, must be used in pernicious anemia before the patient is very far gone. He thought well of the use of defibrinated blood by the rectum systematically.—*New Eng. Med. Mo., Jan.*

LEUCÆMIA AND PSEUDO-LEUCÆMIA.

SENATOR contends that the only difference between leucæmia and pseudo-leucæmia is one of degree, according to the greater or less proportion of white corpuscles in the blood. The change from one form to the other is not uncommon. In cases of chronic anæmia, with enlarged spleen, in which the number of white corpuscles is about normal, the diagnosis is pseudo-leucæmia (splenic anæmia). When, under the same conditions, the white corpuscles are increased in number, the disease is leucæmia. Senator states that leucæmia is as common in children as in adults. The question as to whether heredity or unfavorable surroundings can be regarded as etiological factors, the author is unable to decide. He denies any dependence of leucæmia upon rickets, otherwise, he says, since rachitis is so common a disease, leucæmia and pseudo-leucæmia should be met with much more frequently than is the case.—*Deutsche Med. Zeitung.—Med. Record, Jan. 6.*

SEA SCURVY.—ALKALIES.

A correspondent writes to the *Br. Med. Jour.* reporting the following case: A young man with spinal disease had all the signs of sea-scurvy, spongy gums, etc. I ascertained that vegetables had been repugnant to him, and for a long period he had refrained from taking any. The use of vegetables and turpentine, with potash, both cheap remedies, wrought a speedy cure. I beg leave to suggest these drugs upon an extensive scale, as on shipboard. I believe alkalies more effective when not given in a state of chemical combination likely to neutralize the effect.—*Med. and Surg. Reporter.*

HEMORRHAGIC DIATHESIS.

Dr. WM. SAVERY related to the Obstetrical Society of Philadelphia, the history of a boy, five years of age, who had fallen and received a slight wound of the scalp from a nail sticking out of a post. It was a mere scratch, and did not need a stitch to hold it together, but it bled profusely. All sorts of domestic remedies, including cobweb, had been tried without avail. The doctor finally succeeded in arresting the hemorrhage with lint wet with Monsel's solution and continued firm pressure. A few days later the same boy fell off of one step on to the floor. There was no external wound nor loss of blood, but the side of the face was enormously swelled from hemorrhage into the tissues. A course of iron and tonics has improved the boy's appearance, but he is still pale.

Dr. Harris inquired if there was any history of hemophilia in the family? Had the boy large knee-joints? There is a hemorrhagic diathesis entirely distinct from true hemophilia. The latter is rare in cities, but is more frequent in the country. The descent is through the females of a family, but the disease appears only in the males; the Jews in certain districts of Germany present many examples. There is a remarkable family near Elkton, Md.

Dr. Savery replied that there were no evidences of hemophilia in the family. The mother was pallid, had red hair, but did not lose much blood in labor.

Dr. Horace Williams had seen a case of obstinate and prolonged hemorrhage after the extraction of a tooth; it was finally stopped by fitting a cork

into the alveolar cavity. An infant aged nine days was attacked with purpuric spots over the body and bleeding at the navel. To the latter were applied successively styptic colloid, tannin, Monsel's solution, Monsel's salt in powder, and finally transverse pins and figure-of-eight ligatures; but the bleeding reappeared as soon as the latter came away, and the child finally died from loss of blood.

Dr. R. H. Cleemann had under his care a young man who had previously suffered from profuse hemorrhage for two days, consequent on the extraction of a tooth; the hemorrhage was finally stopped by Dr. Hartshorn, who plugged the cavity with a styptic. Dr. H. advised the young man never again to run the risk of a hemorrhage of any kind, as it would probably prove fatal. Recently he had been suffering from a toothache which nothing but extraction could relieve. Dr. Cleemann put him on gallic acid internally and tannic acid locally for two weeks before the extraction, which was accomplished without any unusual loss of blood. In a case of nasal hemorrhage, the anterior and posterior nares were plugged, but then ecchymosis appeared around the eyes and the plugs were removed; transfusion of a few ounces of blood was employed and the hemorrhage ceased and did not return; the patient died three months later of phthisis.

Dr. E. L. Duer considered gallic acid a very valuable remedy for hemorrhage. He would like particularly to bring before the society, the old but neglected remedy, erigeron or flea-bane; the tincture and the volatile oil are very efficient when used internally to stop hemorrhage. The oil may be given in doses of ten drops every ten minutes until the bleeding is checked, after which it may be continued at longer intervals until the tendency has passed away.

Dr. Githens had been using oil of erigeron for a number of years with remarkable success as an internal hemostatic. It was far more reliable than any other with which he was acquainted.—*Medical News*.

USELESSNESS OF HYPODERMICS OF ETHER IN IMMINENT DEATH FROM HEMORRHAGE.

At the last meeting of the Paris Académie de Médecine (*Bulletin de l'Académie*, December 24, 1882), Professor Hayem read a communication on the above subject. From a large number of carefully conducted experiments he had reached the conclusion that ether produced no appreciable effect upon animals artificially exsanguinated.

On the other hand, transfusion of unaltered blood, or even with blood diluted with serum, often resulted in the resuscitation of apparently dying animals. The practical inference to be drawn from his observations is that in cases of danger transfusion should be at once resorted to, and precious time should not be wasted by watching the effects of ether.—*Méd. Record*, Jan. 13.

HEMORRHAGE.—OLEI TEREBINTH FORMULA.

In some forms of Hæmatemesis, Hæmoptysis, Epistaxis, Purpura Hæmorrhagica, etc:

R. Olei terebinthinæ, ʒ iss-iiij; syrupi limonis, 3 vj; mucilaginis tragacanthæ, ʒ iiij; aquæ, ad ʒ vj.

M. Sig. One sixth part every four or six hours. Its effects must be watched, so that it may be discontinued directly strangury or severe vomiting arise. In some cases the turpentine may be advantageously given with gallic acid, or the tincture of the per-chloride of iron or with dilute nitric acid.—*New Eng. Med. Mo.*, Jan.

OBLITERATING INFLAMMATION OF THE CEREBRAL ARTERIES.

The case was narrated by Dr. FRANCIS DELAFIELD, to the New York Medical and Surgical Society. The patient was a man about fifty years of age, a sailor. He had been perfectly able to perform his duties until the

15th of September. Then, while sitting on a bench on deck, engaged in some work, he suddenly fell over to one side. He did not lose consciousness or become paralyzed. He was picked up, and after a little while was so much better that he could climb the ropes. Two days later, however, he noticed that he could not control his gait as well as before; he walked too fast, and ran against things. He continued in this condition, otherwise feeling pretty well, until the 24th, when he entered the hospital. Now there was also a little dragging of the left leg, and a little loss of power in it. Sensation was unimpaired. The motor power was good in the right leg and in both arms. He could speak fairly. He desired to go to bed. The next day his speech was a little affected; he articulated slowly and with difficulty. Motor paralysis remained confined to the left leg. He did not wish to get up or to do anything. On the 27th the speech was so affected that one could hardly understand what he attempted to say. The left arm was now almost paralyzed, and the left side of the face was a little paralyzed. By the first of October the patient had become almost completely unconscious, but he was not comatose. There seemed to be pretty complete paralysis of the whole of the left side of the body, and some involuntary contraction of the muscles of this side. He became more profoundly unconscious, and passed his urine and feces in bed. He remained in this condition until death, which took place on the 10th of October. There was no history of syphilis.

At the autopsy all the cerebral arteries were found to present the lesions of chronic obliterating arteritis in a very marked degree. The caliber of the arteries was very much narrowed; the right middle cerebral artery was almost obliterated. The white matter of the right cerebral hemisphere, just outside of the corpus striatum and the optic thalamus, was softened. The right corpus striatum was also softer than the left. The rest of the arteries of the body showed the ordinary lesions of chronic endarteritis in a moderate degree. There was but very little change in the kidneys. Those were the only changes which had occurred. The case was rather an unusually clear example of the symptoms due simply to obliterating endarteritis of the cerebral arteries. In reply to a question by the President, Dr. Delafield said that syphilis might undoubtedly cause obliterating endarteritis, but he believed it was no longer questioned that the latter might occur independent of syphilis. This patient was a respectable man, who stoutly denied syphilis, and no lesions of the disease could be found.

Dr. A. Brayton Ball had seen a similar case.—*N. Y. Med. Jour.*, Jan. 6.

ABSTRACTION OF BLOOD FROM THE RIGHT HEART, AS A MEANS OF RELIEVING INTENSE PULMONARY CONGESTION.

Dr. BENJAMIN F. WESTBROOK, in a paper in the *Medical Record*, records a case of the above in a man of about fifty years of age, with almost instant relief, but unfortunately, as it was used a *dernier resort*, the relief proved only temporary.

In using the puncture, he gives explicit description of the anatomical situation of the heart and valves, and the place where the tapping should take place.

The *right auricle* is the most available point for tapping, inasmuch as its position is less variable than that of the ventricle, and its accessible portion more globular, with a greater antero-posterior diameter to allow of free penetration of an instrument without danger of its passing through into the posterior wall. As an additional advantage, he also gives the following propositions:

First. The right auricle projects to the right about equally in the third and fourth intercostal spaces.

Second. Its perpendicular depth varies greatly according to its distention and the condition of the left heart and lungs.

Third. The projection to the right is greatest, and the perpendicular depth least when the right heart is distended, as in a death from coma and asphyxia.

Fourth. The internal mammary vein, which lies upon the sternal side of the artery, is very constant in its course, and situated, on an average, about one centimetre external to the right border of the sternum.

Fifth. The anterior border of the right lung almost always extends inward beyond the border of the sternum, reaching, or even passing the median line in many subjects.

He gives preference to tapping in the third interspace for two reasons: First, because it is much wider than the fourth, and the needle passes with less difficulty; second, because the line of the fourth would direct the needle more toward the auriculo-ventricular opening, where it might come in contact with the tricuspid valve.—*Med. and Surg. Rep.*, Jan. 27.

FATTY HEART.

LEYDEN distinguishes two varieties of fatty heart, in the first of which there is an increase of fat about the heart, but no disease of the muscle itself. Of the second variety, in which the heart-muscle is involved, there are two forms: pure fatty heart with muscular degeneration, dilatation and weakness of the heart; and fatty heart with sclerosis of the aorta and coronary arteries. The latter form is often accompanied with attacks of angina pectoris, and may result in sudden death from syncope or rupture of the heart. It is important to recognize this form of fatty heart, since here any measures taken to reduce the amount of fat can only be productive of harm through a general lowering of the vital powers. The diagnosis is often very difficult. The age of the patient, hereditary history, and condition of the radial artery must be taken into account. A very important symptom is angina pectoris, as is also dyspnoea occurring without reference to exertion or the ingestion of a hearty meal. In uncomplicated fatty heart (abnormal increase of fat about the heart and in the muscular substance) the author recognizes two stages. In the first, before the heart-muscle is involved, the patients suffer from shortness of breath after exertion or after eating. The apex beat is weak, and the area of cardiac dulness slightly increased. Upon the supervention of muscular degeneration and dilatation of the heart, graver symptoms appear. The earliest signs of failure of the heart are repeated attacks of cardiac asthma, and the appearance of cyanosis and anasarca. Treatment should be directed toward the removal of the causes—a deficient amount of exercise, the ingestion of rich food, alcoholic liquors in excess, etc.—and especially to the reduction of obesity. Muscular exercise should be insisted on.—*Prager Med. Woch.*—*Med. Record*, Dec. 16.

FATTY HEART AND ANAESTHETICS.

The frequency of necessity for the use of anæsthetics makes quick and ready means for detection of fatty degeneration of the heart desirable. It must be anything but pleasing for the practitioner to find post mortem that he has exhibited chloroform or ether, or any of the anæsthetics to a patient whose heart is already seriously weakened by fatty transformation of its muscular structures. Dr. Stoffela, in the *Wiener Med. Presse*, has given us a good synopsis of the signs by which fatty heart may be recognized: Feeble and irregular action of the heart, peculiar softness of the impulse of the apex of heart against the chest wall, distant, indistinct or muffled valvular sounds and dyspnoea, which cannot be explained by lesions of the lungs or of the cardiac valves, are the signs which indicate with great certainty the presence of fatty degeneration. The origin of the trouble can always be traced to some vice of nutrition; sometimes there is general anæmia, sometimes there is excess of fluid in the pericardium interfering by pressure with

the process of nutrition, and sometimes there is atheroma of coronary arteries. The various preparations of iron have been most useful in the treatment of the disease. But the great point is to recognize its presence and not increase the tendency to death by the careless exhibition of anæsthetics.—*Medical Age*, Jan'y 25.

PERSISTENCE OF THE DUCTUS ARTERIOSUS.

Dr. MALHERBE (*Journ. des connais. Méd.*) cites several cases in which this malformation existed without producing characteristic symptoms during life, and enumerates, on the other hand, the symptoms which may fairly lead us to suspect it when they do exist.

The presence of a rough, prolonged murmur, systolic, or changing from systolic, diastolic and having its maximum intensity at the level of the third left costal cartilage, and propagated up toward the left clavicle, justifies the diagnosis of persistent ductus. The murmur may be accompanied by either a general or a local cyanosis. It differentiates itself from that caused by an immediate communication between the pulmonary artery and the aorta, inasmuch as the latter produces a murmur of an intense thrilling character heard all along the hollow of the back, and loudest of all at the level of the transverse aorta (third and fourth dorsal vertebræ).

Persistent ductus is compatible with perfect development, strength, health and long life.

One case quoted (age 28) was highly cyanotic, yet the patient was capable of severe and prolonged toil without respiratory difficulties. Another, a lady of 50, had never complained of anything leading to suspicion of malformation, which was only discovered post-mortem.—*Gaillard's Med. Jour.*

ANEURISM OF AORTA—SYMPTOM.

Dr. JANEWAY reports three cases of aneurism of the arch of the aorta in which the first symptom attracting attention was cervico-brachial neuralgia.—*New Eng. Med. Mo.*

PULSATION OF THE SPLEEN IN AORTIC INCOMPETENCE.

It would appear that this sign of aortic incompetence has not been previously described. Attention has now been drawn to it by Dr. Gerhardt, in the *Zeits. für Klin. Med.*, without any attempt being made to magnify the importance of the phenomenon. We are familiar with pulsation in the smallest vessels of many of the visible parts of the body in aortic incompetence, including the bed of the nails; and Quincke has shown how the two factors necessary for its production are, relaxation of the vascular walls, and sudden great variation in the blood-pressure, such as occurs in aortic regurgitation. In Gerhardt's three cases the spleen was large and the patients in high fever. The splenic tumor swelled during cardiac systole, expanding gradually, and diminished in size again during diastole. A dull double sound was audible over the tumor, apparently distinct from the cardiac murmurs which could be made out at the upper part of the tumor. To the finger the pulsation had not the characters of an aneurism, but was of the nature of a soft swelling, very much as in pulsating jugulars. The sign appears to be not entirely without some prognostic value, inasmuch as it indicates a sound condition of the left ventricular walls, and compensation, as far as possible, of the valvular inadequacy.—*Med. Times and Gazette*.—*Louv. Med. News*, Jan'y 13.

TRICUSPID STENOSIS.

At a recent meeting of the London Pathological Society (*Lancet*, October 21, 1882), Dr. Bedford Fenwick showed a specimen of tricuspid stenosis from a woman aged thirty, who had rheumatic fever at fifteen, and after-

ward suffered from winter cough and dyspnoea; she went on from bad to worse until admitted into the London Hospital under Dr. S. Fenwick. There was marked distention of jugular veins, but no cyanosis, cardiac dulness very wide to the right, a well-marked presystolic apex thrill and presystolic and systolic apex murmurs; proceeding to the right another presystolic and systolic murmur was detected. At the post-mortem both auricles, but especially the right, were found very much dilated, the ventricles small. The tricuspid and mitral valves were greatly thickened, shortened, and agglutinated together, causing marked stenosis. All the organs were congested. The spleen was during life tender to pressure and pulsated. Cases of this kind were now known not to be very rare. Since his table of forty-six cases he had been able to collect twenty-three more cases, twenty of whom were females, averaging in age 31.7 years. In every case the mitral valve had been more changed than the tricuspid, and in all cases the general health had been good; the great dilatation of the right auricle caused increase of cardiac dulness to the right, and afforded a means of diagnosis.—*Med. Record, Jan'y 20.*

ACUTE HEART LESIONS IN THE VERY OLD.

It is a well known fact that acute diseases of the heart, at least, those of an undoubted inflammatory character, happen very rarely in the aged. Dr. Ch. Fèrè (*Revue de Med.*, 1882, No. 3) draws attention to a new etiological cause for these lesions. Among 134 autopsies which Fèrè made during seven months in the Salpêtrière he found seven acute diseases of the heart, peri- and endo-carditis. Of these, in one case the acute pericarditis had appeared as a complication of pleuro-pneumonia (in senile persons a very rare occurrence), and six had happened in consequence of diffused kidney lesions. Two of the latter were the common senile lesions of the kidneys; in the four other cases, however, secondary disease of these organs, besides dilatation of the pelvis of the kidneys and of the ureters, due to obstruction in the urinary passages, were noted. Fèrè mentions correctly, that these complaints are not common enough to be considered an accidental coincidence with the heart affection.—*Med. and Surg. Rep.*

ANGINA PECTORIS—CONCUSSION.

Dr. A. MÜLBERGER, of Herrenalt, who had observed that a young man, the subject of angina pectoris, instinctively pressed his chest violently against the edge of a table, or his closed fists against the cardiac region, imitated this instinctive method of obtaining relief by passing his left arm around his patient's chest, and firmly rubbing the cardiac region with the fist of the right hand, varied at short intervals by quick pushes against the heart. He believes that in concussion we have an excellent means of keeping in check the violence and duration of the stenocardiac attacks. He further notes that kneading and rubbing have long been tried and approved remedies against muscular cramp, and that as angina pectoris is nothing more nor less than cramp of the cardiac muscle, it seemed to him likely a similar result would be obtained in parallel cases by the like means. He finally sounds a note of warning in the *Deutsch Med. Zeitung* against the too bold use of remedies in this affection, and we may add in others also, and recalls the case of an elderly medical man who was relieved of his angina only to die of the morphia that procured the relief.—*Med. Press and Cir.—Louv. Med. News.*

APOPLEXY.—LEECHING.

Dr. DAVAZAC reports the case of a man (*Journal de Med. de Bour.*) who had a cardiac affection and was suddenly seized with loss of consciousness, lasting an hour. On being taken to his bed and undressed he came to himself;

his speech was embarrassed, but without aphasia, and there was no evidence of paralysis. Two hours later his language became much more confused, and a right hemiplegia made its appearance, and the patient again lost consciousness. Dr. Davazac applied fifteen leeches behind the left ear; the pulse was very irregular. Within half an hour the pulse resumed its usual character, the hemiplegia disappeared, and the patient resumed consciousness. Dr. Davazac regards this case as indicating depletion in apoplexy.—*Chicago Med. Rev.*, Dec. 15.

EFFECT OF STRYCHNINE UPON DILATATION OF THE HEART.

Professor MARAGLIANO formulates the results of the exhibition of strychnine in cardiac dilatation, as follows: 1. In one or two days the size of the heart was reduced, and in five or six days very considerable dilatations were caused to disappear. 2. If, immediately upon a reduction in size of the heart, the strychnine were withheld, the dilatation was frequently reproduced. 3. The daily dose of sulphate of strychnine required was from $\frac{1}{8}$ to $\frac{1}{6}$ grain.—*Memorabilien*.—*Med. Record*, Jan. 27.

CARDIAC NEURASTHENIA.

In some cases of exhaustion from continuous overwork, the symptoms centre chiefly about the heart. The symptoms are feeble cardiac action, giddiness, weakness, intermittent beat. Palpitations, dyspnoea, and even syncope, may be present. A physician who suffered in this way for some time writes to the *British Medical Journal* that he was relieved entirely by the following prescription: R. Quinin. sulph., gr. xxiv; mist. camph., ad $\frac{3}{4}$ vj; acid. hydrobromic. dil., 3 ij; tinct. digital., $\frac{3}{4}$ ss; liq. aurant., $\frac{3}{4}$ j; tinct. nuc. vom., 3 ij. M. Sig., $\frac{3}{4}$ ss three times a day.—*Med. Record*, Jan. 20.

WEAK HEART.—ELECTRICITY VS. CHLOROFORM.

A fact of the greatest importance, practically—especially with reference to the treatment of threatening death by chloroform—has just been determined by Professor von Ziemssen. In investigating the effect of electricity upon the heart, he has discovered that the induced current has no influence whatever upon the frequency or force of the cardiac contractions, whilst the continuous or battery current most distinctly affects them.—*Med. Record*, Jan. 6.

PALPITATIONS.—CONVALLARIA MAJALIS.

M. SÉE, in a paper entitled "A New Cardiac Medicine," details a series of experiments and therapeutic applications undertaken to determine the properties of the convallaria majalis. He classes it with digitalis, erythrophleum, guinense, and other cardiac stimulants which stop the heart in systole in toxic doses. An aqueous extract of the whole plant, in doses of from fifteen to twenty grains daily, slows the heart, restoring its regularity and increasing its force; arterial tension is increased, respiration is somewhat stimulated, and sensations of dyspnoea are relieved. It is an efficient diuretic, especially in dropsies of cardiac origin. It is particularly indicated in cardiac palpitation and irregularity, with or without valvular lesions; in cases of valvular lesion it is generally useful, but seems in some way to be less efficient in cases which are distinguished by a marked tendency to dyspnoea. It seems to have no contra-indications, not disturbing the nervous system or digestive organs; being rapidly eliminated, it has no tendency to cumulative action. In these respects it has advantages over digitalis.—*N. Y. Med. Jour.*, Dec.

DISEASES OF THE ORGANS OF DIGESTION.

MYOSITIS OF THE FLOOR OF THE MOUTH SIMULATING MALIGNANT DISEASE.

A previously healthy man, twenty-six years of age, complained for a few days of difficulty of deglutition, with a burning pain in the anterior portion of the tongue. Three weeks later a swelling appeared under the chin, the tongue seemed to be increased in size, speech was indistinct, and eating of solid food caused pain. When admitted to hospital, five weeks later, the tumor extended from the symphysis to the hyoid bone, was hard, elastic, and painful on firm pressure. On each side of the swelling was an enlarged lymphatic gland. The rapid growth of the tumor, together with the enlarged lymphatics, pointed to cancer of the sublingual gland, but at the operation it was found to be a diffuse infiltration of the lingual and mylohyoid muscles. The mass was entirely removed. Upon examination, it presented the characters of a chronic interstitial myositis, and in no part could any sarcomatous or cancerous structure be discovered. Upon the mucous membrane of the floor of the mouth was seen a small but deep ulcer, extending down to the indurated tissues. This was, perhaps, the cause of the myositis.—O. KAPPELER, in the *Deutsche Zeitschrift für Chirurgie*, vol. xvi. —*Med. Record*.

SUBNITRITE OF BISMUTH FOR CANCRUM ORIS.

Dr. C. J. MCGUIRE, of New York (*Medical Gazette*), claims specific action for the local application of subnitrite of bismuth for cancrum oris.

Nineteen children were attacked with the disease. Dissatisfied with the results of his treatment in the first four cases, he determined to try the effects of subnitrite of bismuth applied externally to the affected parts. The result was the immediate improvement in the appearance of the ulcers, and eventually a complete cure. From the first appearance of the disease in the institution up to the present time, 24 cases were treated, including the 4 that proved fatal; out of 20 cases treated with subnitrite of bismuth, only 1 resulted fatally.—*Med. and Surg. Rep.*, Dec. 2.

MERCURIAL SALIVATION.

Dr. PANAS, of the Hotel Dieu, insists that mercurial stomatitis is no indication of the system's saturation with mercury (*Gaz. des Hop.*). It is a complication which greatly impedes treatment, and depends upon an anterior alveolo-gingival stomatitis, and may be always prevented by curing in advance, by local means, the condition of the gums and alveoli. This is done by the removal of the tartar, and then in the application of tincture of iodine, and carbolic acid diluted to a twentieth; these, to be of use, being introduced to the bottom of the alveoli. If the gums are quite healthy, astringents applied daily will keep them sound and healthy however long the mercurial treatment. Dr. Panas considers chlorate of potash inefficacious and even capable of doing harm by its irritation.—*Louv. Med. News*, Dec. 23.

NEW CAUSE FOR MERCURIAL POISONING.

Two cases having recently come under our notice in hospital practice of mercurialism in men employed in exhausting the little globes used in the incandescent system of electric lighting, we think a brief notice of the fact will be interesting, and may perhaps call forth more information from others.

(*Med. Times and Gaz.*). In each instance the gums were swollen, spongy, and tender, and there was salivation. The patients were employed in the same room, and both knew that mercury was the cause of their ailment. So far as we could gather from their account, the poisoning must have been due to mercurial vapor from the exhausting pumps, as no mercury was used except that contained in these pumps. From the statement of a patient we should infer that all those employed in the room would suffer from these symptoms, and have to give up the work in less than a year.—*Louv. Med. News.*

PTYALISM.—BELLADONNA.

When mercury is to be administered for some time, as in the treatment of syphilis, the addition of belladonna in small doses is recommended, in order to prevent ptyalism. When salivation occurs, atropinism is very valuable, and belladonna should be given as soon as the odor of breath gives warning of the commencement of ptyalism.—BARTHOLOW.—*Col. and Clin. Record.*

SALICYLATE OF SODIUM FOR SORE THROAT.

After a large number of observations, Dr. ROBT. N. HORMAZDJI, of Cheltenham, has come to the conclusion that in all acute cases of tonsillitis salicylate of sodium is a specific, while in chronic cases it seems to possess no effect whatever. He recommends about 15 grains of the remedy every hour, till the most urgent symptoms are relieved, when only half the dose is administered. At the same time he employs a gargle, consisting of about 10 grains of the salicylate of sodium, 1 ounce of glycerine, and three ounces of water. He found the remedy especially specific in its effect in very acute and severe cases, as also in the angina of scarlatina, and of erysipelas.—*Med. and Surg. Rep.*

ANTISEPTIC COLLUTORIUM OR GARGLE.

Dr. LARMANDER (*Journal de Médecine*) has found the following wash to be of great service: Take of glycerine twenty grammes, of salicylic acid and borax each two grammes. The borax is added simply to make a perfect solution of the acid. He advises the following formula for an antiseptic gargle: Take of salicylic acid and borax each two to four grammes, of honey thirty grammes, of distilled water two hundred and fifty grammes.—*Chicago Med. Rec., Dec. 15.*

ETHER INHALATIONS IN ANGINA FAUCIUM.

In the *Riv. Clin. di Bologna*, Prof. CONCATO recommends ether spray as an inhalation in sore throat. The patient takes the exit tube of a Richardson's spray producer in his mouth, and sulphuric ether is sprayed against the pharynx for three minutes; this is repeated every three hours. Six cases were cured without other remedies. Each case began with a rigor and a sharp attack of fever; temperature 104° F. There was swelling of the submaxillary gland, and pain and difficulty in swallowing. The tonsils were swollen and protruding.—*Med. and Surg. Rep.*

DIPHTHERITIC TONSILITIS.

For catarrhal, or herpetic, or diphtheritic tonsillitis Prof. PEPPER recommends, constitutionally absolute rest, large doses of quinine, drop doses of tincture of aconite, and liquid diet, and locally the application of the muriatic tincture of iron.—*Med. Herald, Dec.*

GUAIAIC, FOR THE CUTTING SHORT OF ACUTE TONSILITIS.

Dr. MORELL MCKENZIE says that guaiac given early will rarely fail to cut short an acute tonsilitis. The formula is as follows: *R.* Resin guiac, 70 grammes; gum tragacanth, 43 grammes; sacchar. alb., 17 grammes; black currant paste, q. s. *M.* Div. in trochischi No. 350. *Sig.*: One every two hours. One can also give aconite, as recommended by Ringer. If the disease is not checked, give small pellets of ice.—*Amer. Med. Jour. Jan.*

GLYCEROLE OF ERGOT IN TONSILITIS.

Dr. ISAAC BARTON, in a very able paper before the Philadelphia Laryngological Society, called attention to the very good results achieved in tonsilitis by an injection into the tonsil of a glycerole of ergot.—*Med. Bulletin.*

1 HYPERTROPHY OF TONSILS.—INTERSTITIAL INJECTIONS.

Prof. MORESCO, of Cadiz, read a paper before the Congress of Seville (*Revista de Med. y Cirurgia practica*) in which he recommended the treatment of hypertrophy of the tonsils by interstitial injections of acetic acid: he reports two cases perfectly cured by this method. He gives the following as the advantages of his method:

1. Its facility of performance.
2. The impossibility of causing any serious results.
3. The gland preserves its functions.
4. It requires no interference with the patient's occupation.
5. It is absolutely painless.—*Rev. Mens. de Laryngol., d' Otol. et de Rhinol.*
—*Med. News.*

FOLLICULAR PHARYNGITIS TREATED BY GALVANO-CAUTERY.

(From Clinical Lecture by J. Solis Cohen, M. D., Jeff. Med. Col., Phila.)

In cases where the actual cautery is required, the use of the galvano-cautery with Trouvé's accumulator, as it is called, affords the most convenient method of obtaining the desired result; it is portable, neat, and always ready for service, requiring very little care in its management.

The case before you is that of a young man suffering with chronic pharyngitis, of the form known as follicular pharyngitis, or clergyman's sore throat; a frequent form of disease. Now, when these follicles are enlarged for any length of time, medicines have no effect whatever, astringents have no effect; the only means for their relief is their destruction, either by caustics, such as nitric acid, or the actual cautery. We can also use what causes much less pain than the preceding, the galvano cautery. These follicles, which are prominent and readily recognized, cause irritation and keep up the cough; but in addition, we often find accompanying this another affection, which also tends to cause difficulty in breathing; it is enlargement of the mucous membrane over the inferior turbinated bone. The exuberant tissue overlying this bone is often mistaken for polypus. It is difficult to get rid of it by any other means than by actual removal with the galvanic loop, wire-snare, or the cautery.

The use of this accumulator enables us to regulate with much nicety the amount of electricity, and consequently the degree of heat, so that the instrument can be used at a white heat or only a red heat, as desired. The great advantage of the galvano-cautery is that the instrument can be placed in the pharynx, larynx, or nostril, before it is heated, the application can be made at once on completing the circuit, and immediately checked, or continued as long as may be necessary. In order to apply this to the nares we make use of an ingenious device for avoiding accidentally cauterizing the septum or

adjacent structures. It has a small disc exposed at the side, by which the application is made, all other parts being protected. I came upon this in Paris last year, and I have found that it answers the purpose very well. The electrode is insulated entirely, except at the side where the little disc shows. You may also use plates of ivory to protect the septum, but they are less convenient.

Let me show you the best way of examining the throat. The ordinary method is to stand in front of your patient and depress the tongue and lower jaw, until you can see the pharynx; but I prefer to stand at the side of the patient, who throws his head backward, then, depressing the tongue, I get a very good view, from the side, of the back of the throat; it exposes a much greater part of the pharynx. As the patient opens his mouth I can see the enlarged follicles distinctly. I will now take the pointed electrode and cauterize several of these. I will demonstrate to you the fact that this method is painless, or, at most, gives rise only to a prickling sensation. This is easily done, and the patient says he felt no severe pain. The inflammation set up by this application will produce a cicatrix and a contraction of the follicle. The operation will have to be repeated upon the remaining follicles before he will be cured.—*Col. and Clin. Rec.*, Jan. 15.

ULCERATIONS OF THE PHARYNX.—IODOFORM.

M. SCHIFFERN relates in the *Paris Médical* a case where cure of a tuberculous ulceration at the arytenoid region was obtained by the insufflation of finely pulverized iodoform.

This was done by means of a rubber ball, similar to those on ordinary syringes, attached to a tube of caoutchouc. The author made two or three insufflations daily, each time of 30 centigrams (gr. v) of iodoform.

The medicament seems to form a thick covering over the ulcer and is not dislodged by coughing.

When the ulcerations are situated on the epiglottis he applies the following, with a camel's hair pencil:

R. Iodoform, 3 ss—3 iss; collodion, $\frac{3}{4}$ ss. M.

He avoids the peculiar odor of iodoform by placing fragments of tonka bean in the bottle which contains it.—*Med. and Surg. Rep.*, Dec. 16.

COCA LEAVES IN PAINFUL AFFECTIONS OF THE PHARYNX AND LARYNX.

Macerate some coca leaves in alcohol. Evaporate over a water bath to a syrupy consistence. May be employed by painting or in a vapor (with one-tenth water added) in painful pharyngitis, chronic or sub-acute; in painful laryngeal phthisis, in certain convulsive coughs, and sometimes succeeds in œsophageal spasm. If for laryngeal applications use as above; if for pharyngeal applications add one-sixth of its weight of neutral glycerine.—*La Tribune Méd.*—*Can. Jour. Med. Sc.*

CARCINOMA OF STOMACH.—DIAGNOSTIC USE OF THE STOMACH-PUMP.

In the *Centralblatt für Klin. Med.*, Dr. ROSENBACH states that in carcinoma of the stomach a diagnosis may be made by examination of the fluid removed by the stomach-pump or expelled in the act of vomiting. He says that this fluid always, or at least very frequently, contains small particles of the new growth. These pieces may readily be distinguished with the naked eye from other substances found in the matter removed. Their upper surface is dotted with red, reddish-brown, or even black, points—the marks of former hemorrhages—the coloration sometimes extending deeply into the

substance of the separated particles. This surface is smooth, thereby differing from that of any portion of the mucous membrane, which may have been torn off by unskillful employment of the stomach-pump.—*Med. Record*, Jan. 13.

ATROPHY OF THE GASTRIC GLANDS A CAUSE OF PERNICIOUS ANÆMIA.

Dr. W. NOLEN communicates the clinical history of two cases of this disease in which the post-mortem examinations revealed interstitial inflammation of the mucous membrane of the stomach, with partial or total atrophy of the gastric glands. The anæmia appeared as the result of the stomach-affection.—*Centralblatt für Med. Wissen.*, No. 38.—*Med. Times*, Jan. 13.

HYPODERMIC INJECTIONS OF BLOOD IN GASTRIC ULCER.

Prof. BERNUTZ (*Gaz. des Hôp.*, 64, 1882) has successfully treated two patients suffering from simple gastric ulcer with subcutaneous injections of blood. They were both much reduced, owing to incessant vomiting, everything swallowed being at once rejected. The blood, taken from the femoral artery of a large dog, was received in a warm vessel, and at once injected by means of a warmed Dieulafoy syringe. In the first case the blood was promptly absorbed, and sufficed to keep up the strength for two days. As the patient grew strong the vomiting ceased, and milk diet was resumed. Gradually the appetite improved and food of all kinds was well borne and digested. Fowl's blood was once tried, but its good effects seemed less lasting.—*Med. News*, Jan. 6.

ULCER OF STOMACH TREATED WITH POWDER OF MILK.

M. DEBOVE recommends the evaporation of skimmed milk to dryness, and the resulting powder is given dissolved in hot milk (120 grammes of the powder corresponds to a litre of milk), in cases of simple ulcer of the stomach. To this some dry powder of meat may also be added.—*La France Méd.*—*Med. Times*.

GASTRIC ULCER.

R. Bismuth sub. nit.; magnesiæ carb., ʒʒ gr. xv; liq. morph. hydrate, ℥ xv; aquæ ad., 3 j. M.—*Dr. Andrew Clark*.—*New Eng. Med. Mo.*

ALIMENTATION AND WASHING IN DYSPEPSIA.

M. DEBOVÉ's method of treating phthisis by feeding the patients through a tube has been applied to cases of dyspepsia, chronic gastritis, vomiting, and dilated stomach. The stomach is first washed out, and then milk, or bouillon and eggs, or Debové's powdered meat are used. Excellent results are reported, the patients gaining in weight, and losing all their bad symptoms. Debové's powdered meat is claimed to have five times the nutritive power of ordinary raw meat.—*Med. Record*.

DYSPEPSIA.—QUINA PHENATE.

Indigestion depending upon atony of the stomach may be relieved by Quina Phenate.

This mixture contains the alkaloids derived from calisaya bark, and by the aid of one per cent. of phenic acid in a vehicle of syrup and aromatics—according to the formula originated by Cassebeer—is admirably adapted as a tonic and blood purifier. and for the counteracting or many morbid conditions in the system.

Dose for adults, one teaspoonful *ter in d.*; infants, from a few drops on sugar, to half a teaspoonful in warm milk, *pro re-nata*.—*Med. and Surg. Invest'g.*

ATONY OF STOMACH IN PHTHISIS.

In the paralytic condition of the stomach in phthisis, to increase the tone and assimilative power:

R. Bismuth subnit., 3 iss.; pepsinæ, 3 iss.; strychniæ sulph., gr. j.; tr. cardamom co., 3 iv. M. Sig. Teaspoonful t. i. d. in water.—*New Eng. Med. Mo.*

GASTRALGIA.—ATROPINE.

In Gastralgia, Professor BARTHOLOW recommends atropine in the dose of one two-hundredth grain hypodermically, by enema, or in the form of suppositories.—*Med. Herald, Jan.*

SWALLOWED A BONE.—PEPSIN AND MUR. ACID.

A correspondent sends us the following interesting note of his own experience:

"I have two failings: one is, I like mutton stew; the other is, I wear an upper set of false teeth. But what of that? Eating a portion of mutton stew, I was so unfortunate as to swallow a piece of bone, large and sharp pointed. It scratched my œsophagus all the way down. Indeed, I was frightened. The sharpness of the bone produced an acute pain in the stomach, at times reflecting to the spine. I was puzzled what to do for it. If I took an emetic, I ran the risk of its sticking in the œsophagus, and thus render a surgical operation necessary. I tried the effect of acids on spiculæ of bone, but they had no effect save to make the bony matter harder. Being a regular practitioner as well as a pharmacist, my imagination added to my distress.

I consulted a few medical lights who drop in, but all they could advise was to let things take the usual course. So, thrown on my oars, I began to experiment, with this fortunate result. I found that Boudault's pepsin (20 grs.) and ten drops of muriatic acid C. P., in a tablespoonful of lukewarm water, rapidly softened the gelatin of the bone, and converted the calcareous matter into a very small minimum. Three such doses gave me great relief, and in half an hour I was perfectly easy in body and mind, and have suffered no bad effects from the accident.—*Druggists' Circular, Jan.*

PERIODICAL VOMITING.

Leyden reports in the *Zeitschrift für klinische Medicin*, vol. iv, 1882, a number of cases of periodical vomiting. Sometimes these occur in connection with various affections of the spinal cord, notably tabes dorsalis, and are then known as gastric crises. Other cases of periodical vomiting occur, not dependent upon spinal cord lesions, yet often accompanied by marked nervous symptoms. These sometimes come on without apparent cause, sometimes they follow a slight indigestion, a cold, or some mental disturbance. The attacks last from a few hours to several days, and are marked by an irregular periodicity. The commencement is usually sudden. Extreme

nausea and vomiting set in, together with severe pain in the epigastrium, and a number of other symptoms resembling migraine. The stomach is intolerant of all ingesta, or at most, will retain a little ice, champagne, or tea. After the cessation of the vomiting the patient feels well and enjoys a good appetite and normal digestion. Accompanying the attacks is observed a retraction of the abdomen, with obstinate constipation, which does not yield to purgatives or enemata. The urine is scanty and high-colored, and may be suppressed. The pulse is frequent, without fever. In addition to the pain in the epigastrium, there are often tearing pains in the extremities. The attacks should be treated with ice and morphine. To prevent recurrence, change of air and diversion of the mind are of most avail.—*Med. Record*.

HOT WATER IN NAUSEA AND VOMITING.

Dr. Morton says, in the *Louisville Medical News*, that several years ago he learned from his own personal experience that no agent relieves nausea and vomiting so satisfactorily and promptly as water, as hot as can be drunk. Since then he has used it in a large number of cases, and no remedy that he ever administered in any condition has proved more uniformly reliable. He has preserved records of many of these cases, and makes the following classifications: 1, cases in which nausea and vomiting occurred at the onset or during the course of acute febrile disease; 2, cases in which these symptoms were caused by overloading the stomach when its functions had been impaired by protracted disease; 3, cases in which they were produced by nauseous medicines (not emetics) at the time they were taken; 4, cases of acute gastritis caused by the ingestion of irritants; 5, cases in which these symptoms were purely reflex; 6, cases of chronic gastritis; 7, cases of colic in newly born infants; 8, cases of flatulent distention of the stomach in adults.—*Med. Record*, Dec. 2.

SODIUM SULPHO-CARBOLATE IN VOMITING.

Dr. PHILIP MCCALL (*British Medical Journal*, Dec. 16, 1882) has found that sulpho-carbolate of sodium is of great benefit in vomiting, in seven-grain doses in a half ounce of water. In one case of sea sickness it had a good effect.—*Amer. Med. Weekly*, Jan. 20.

TREATMENT OF OBSTINATE VOMITING BY ELECTRICITY.

Dr. LEVEN reports several cases of persistent vomiting treated successfully by the application of electricity to the interior of the stomach. The conducting wire is inserted into the stomach by means of the esophageal sound. Dr. L. states that after four or five applications he has been able to check vomiting that has resisted all other treatment.—*Progres Medical—New Eng. Med. Mo.*, Jan.

QUININE NAUSEA.

KAULICH says that a few drops of tinct. belladonnæ given before the ingestion of quiniæ sulph. will surely prevent vomiting.—*Lyon Méd.—Can. Jour. Med. Sc.*

HICCOUGH—INFUS. MUSTARD, AND TOURNIQUET.

Dr. H. CLAY WHITEFORD, of Darlington, Md., recommends an infusion of mustard, one teaspoonful to four ounces of boiling water, as a remedy for hiccough. He also suggests a tourniquet over the epigastrium.—*Med. and Surg. Rep.*, Jan. 13.

STRYCHNIA IN ENLARGED SPLEEN.

WM. H. HARRISON, M. D., Richland, Ark., reports the following, among other cases:

J. H., aged thirty-five, had an attack of pernicious intermittent fever last summer. A few weeks after recovery he noticed an enlargement of his spleen. A physician was consulted and treated him for some weeks, the enlargement increasing and tenderness also, when he consulted another physician, who treated him for three weeks longer without any improvement in any respect. On August 20th I saw him for the first time. He was unable to lie down, and had to be propped in bed to get his breath. His abdominal enlargement was immense. His entire belly seemed filled with spleen. I at once ordered strychnia, one-sixteenth of a grain, increased to one-tenth of a grain, three times a day. In three days he could lie down and in a week could walk and was able to lie down all night. In two weeks he could walk well and had very little tenderness, and the swelling was reduced more than half. October 10th he was dismissed cured.—*Louv. Med. News*, Dec. 9.

THE VARIETIES OF CIRRHOSIS OF THE LIVER.

Prof. E. LANCEREAUX distinguished three varieties of cirrhosis of the liver—the syphilitic, the malarial and the alcoholic. In cirrhosis of syphilitic origin the liver is deeply lobulated, furrowed and adherent to the neighboring organs. The cellular hyperplasia seems to center around the ramifications of the lymphatic and arterial systems. There is little or no ascites, no enlargement of the superficial abdominal veins, and no icterus unless from compression of the bile-ducts by the newly formed connective tissue. The course of this affection is slow, and the prognosis is favorable. In the malarial variety the liver is greatly increased in size, of firm consistence and presents a smooth or slightly granular surface. The principal signs of malarial cirrhosis are hypertrophy of the liver and of the spleen, long-continued jaundice and slow progress. Alcoholic cirrhosis presents two forms. In one the liver is contracted, hard, fibrous, nodulated, and not adherent to the neighboring viscera. In the second form the organ is increased in size, of smooth or granular surface, presenting a consecutive-tissue hyperplasia, with constant granular or fatty degeneration of the gland cells. The diagnosis of the first form rests upon the emaciation of the patient, the dryness of the skin, excessive and steady increasing ascites, and dilatation of the superficial abdominal veins. Death usually results from mechanical obstruction to respiration. In the second form the hypertrophied liver and the absence of ascites resemble the signs of malarial cirrhosis, but the two varieties differ in the character of the icterus. In cirrhosis of malarial origin, jaundice is always present, but in the alcoholic form it appears late in the course of the disease, and is then of very grave prognosis. The patients usually present symptoms of great depression and die comatose.—*Revue de Med.*—*Med. Record*, Dec. 9.

WARM WATER IN JAUNDICE.

MÖSLER (*Lancet*, November 25, 1882) has had good results from the injection of warm water into the large intestine in catarrhal jaundice.—*Amer. Med. Weekly*, Jan. 20.

JABORANDI IN JAUNDICE.

We recently had a most obstinate case of jaundice, in which the usual remedies proved unavailing. We finally prescribed 30-drop doses of fluid extract jaborandi, with a view of relieving the circulation of the presence of bile through the skin. The sweating was profuse and great relief was afforded. The liver gradually resumed its action, aided by cream tartar, podophillin, extract taraxacum, etc. We attribute the starting of the function of the liver entirely to the action of the jaborandi.—*Southern Clinic*.

ITCHING IN ICTERUS.

I should be obliged if some of your numerous readers would kindly suggest any remedy for the intolerable itching of icterus in an elderly lady. I have fruitlessly tried hydrocyanic acid, vaseline, zinc ointment and glycerine. She herself obtains most relief from warm water ablutions in the early hours of the morning, or from emollient spongings of cream and water, writes a correspondent in the *British Medical Journal*.

[A warm mustard bath followed by thorough friction with oil is delightfully efficacious.]—*Louv. Med. News*, Jan. 20.

INTESTINAL OBSTRUCTION.—CARBONIC-ACID-GAS INJECTIONS.

Dr. HEUSTIS, of Mobile, reports a case in which for twenty-one days all manner of medication failed to open the bowels. Finally, he says, having read of carbonic acid gas succeeding in such cases, I had the husband get one of the large siphon bottles sold as seltzer water, fasten the India-rubber tube tightly on the spout, and after oiling it well, and passing it far up into the bowel, turn on the seltzer. He did so in my absence, and when I saw her in the morning she declared that the gas came out of her mouth; she was sure of it, for she tasted it distinctly. Still her bowels did not act, and she had another attack of stercoraceous vomiting next morning.

Her husband having got another quart bottle of seltzer I attended to the administration of it, passing the tube about eighteen inches up the bowel before turning on the gas. It made a noise like escaping steam as it passed into the bowels, and before the bottle was half empty the feces began to flow out; and when the flow stopped, the gas was turned on again, to be interrupted by more feces; and so it was kept up until the bottle was empty, and the bowels too, apparently, from the quantity passed.

After that her bowels acted every day and she had no further trouble with them.—*Can. Med. Record*.

DYSENTERY FROM IMPACTED BONE.

A man treated for eight months in a hospital for chronic dysentery went home without being relieved. Believing that he had piles, he applied to a physician, who found no evidences of hemorrhoids, but, being interested in the pathology of dysentery, proceeded to explore the rectum, in which he discovered a number of fibrous bands and the original cause of the tenesmus and colitis,—a piece of beef bone impacted above the sphincter. Its removal gave immediate relief, and there was no further trouble.—*Med. Times*.

CREASOTE IN DIARRHŒA.

JAMES SIMMONDS, M. D., Lancaster C. H., Va., writes: I have used creasote for many years with great success. It is specially indicated when the stools are offensive. I have also used it occasionally in dysentery and cholera infantum.—*Med. Brief*.

DIARRHŒA.—QUINA PHENATE.

In a case of diarrhœa, complicating symptoms of blood-poisoning from malaria, with chills and night sweats, a teaspoonful of quina phenate, composed of two per cent. of the alkaloids of calisaya bark, viz: quinia, cinchonia, cinchonidia, quinidia, quinidine and chinoidine, and one per cent. of phenic acid, in combination with syrup and aromatics (Cassebeer's formula), gave prompt relief of all the symptoms.—*N. Y. Med. Times*.

MINERAL ACIDS IN SUMMER DIARRHŒA.

The mineral acids are very efficient in sporadic cholera and summer diarrhœa. The indications for their use are the profuse and watery characters of the discharges, which are alkaline or neutral in reaction, due to outward osmosis from the serum of the blood, and the best of the acids is sulphuric acid given with opium. Hope's camphor mixture is also frequently used, especially in the pulmonary diarrhœa with benefit.—*Barthlow.—Col. and Clin. Record.*

COLIC.—QUININE.

Dr. DERBY says, in the *Record*, that ten grains of quinine, given in the early stages, will prevent an attack of intestinal colic, or, administered at any stage, will speedily effect a cure.—*Can. Pract., Jun.*

FISSURA ANI.

DEMURE, in *Wien. Med. Woch.*, records the case of a child, eight days old, with a very long and deep fissure of the anus. It caused great pain, and bled freely each time the bowels were moved. The irritation from the fissure produced chorea. The sore was dried carefully and painted freely with a mixture of 1 part iodoform, 4 parts balsam of tolu, and 20 parts ether. The ether evaporates and leaves the tolu as an insoluble varnish containing the iodoform. Complete recovery took place in eleven days.—*Can. Jour. Med. Sc., Dec.*

BLEEDING PILES.

H. M. THOMPSON, M. D., Independence, Miss., directs: Make a suppository of the following: Gallic acid, ergotine, ext. belladonna, and cocoa butter. Let your patient use two of these suppositories daily; instruct him also to use an enema of cold water after each stool. If the belladonna fails to relieve the tenesmus, use opium in its stead.—*Med. Brief, Dec.*

IODOFORM SUPPOSITORIES FOR PILES.

R. Iodoform, 3 i; balsam of peru, 3 ii; cacao butter, white wax, aa 3 iss; calcined magnesia, 3 i. Incorporate the mass thoroughly and divide into twelve suppositories. Insert one after each evacuation of the bowels and oftener if needed.—*Louv. Med. News.*

DISEASES OF THE URINARY ORGANS.

MYCOTIC DISEASE OF THE KIDNEYS.

Dr. M. LITTEK, in the *Ztsch. f. Klin. Med.*, reports two very interesting cases of mycotic affection of the kidneys. Two persons living together in one house became suddenly affected with rigors, great increase of temperature and albuminuria of a high degree. Under uraemic symptoms both died. Toward the end perfect anæmia was present. At the post mortem the kidneys were found filled with bacteria. Both patients had been drinking water from a well which existed near a grave-yard. The water was found full of bacteria. Similar cases have been reported this year by Bamberger and Aufrecht.—*Chicago Med. Rev.*

PILOCARPIA IN BRIGHT'S DISEASE.

Let us start out with the general statement that you cannot *cure* a chronic disease that is dependent upon an absolute alteration of the tissue of the organ involved; to more specifically illustrate, let us say, that when a certain amount of the tissue of a kidney has undergone waxy, fibroid, or fatty degeneration, no human power or agency can restore it to its original normal composition. Therefore, when such changes have taken place, we must perforce consider the patient afflicted with *chronic degenerative disease* of the kidneys, which, from its very nature, is *incurable*.

But now we are taught by those who have made special study of renal diseases, that this degeneration is oftentimes preceded by an acute disease of the organ, which, passing into the chronic state, becomes incurable.

In the chronic form of the disease, owing to the altered condition of the organ, a part of its ability to perform its duty is lost; in the acute form the same condition obtains.

So, then, we have two conditions of the same disease, the acute and chronic, the one curable, the other not. Now what are the indications for treatment? In the one case you want to cure; in the other you can only palliate.

Remember, that when you offer her favorable conditions, nature always tries to cure, and that the main condition which she imperatively demands is absolute rest of the affected part.

To rest an acutely diseased kidney, you must resort to the well-known compensatory function of the skin. Here comes in the curative action of pilocarpia. If, when you are called upon to treat a case of acute Bright's disease, you will first put the patient to bed and give him sufficient pilocarpia to keep the skin working actively, you will thus rest the kidney and enable nature to return it to its normal condition. This treatment should be continued until all evidences of the disease have disappeared.

In chronic Bright's disease, drugs have but little value, save in emergencies. It is universally admitted that the *hygiene* is of far greater value than the therapeutics of chronic kidney disease. When a man suffering from the chronic disease gives evidence of uræmic poisoning, which indicates that the kidneys have failed to remove a sufficiency of urea, then will the power of pilocarpia prove of great value in forcing the skin to eliminate this deadly poison. In uræmic convulsions hypodermic injections of pilocarpia have been used with most satisfactory results.

Thus, then, we can understand that in the acute disease pilocarpia possesses what may be called curative powers, and that in the chronic form it is a most excellent palliative, and can be relied on in many emergencies. This drug is one of the most active and reliable diaphoretics that we possess, and will therefore prove useful wherever free action of the skin is desired.—*(From Editorial in) Med. and Surg. Rep.*

ALBUMINURIA—CHLORAL.

Two cases of albuminuria cured by chloral are reported by THOMAS WILSON, M.R.C.P., in the *British Medical Journal*. He concludes as follows: No explanation is offered as to how the chloral was followed by such beneficial results. Suffice it to say that under its use a lady so prostrate that she could not stand, with a dilated heart, albuminuria, and marked edema of feet and legs—indications of a grave constitutional state—has simply been rescued from death. The chloral did not produce any apparent diuresis or diaphoresis.

In another case, a lady sixty-eight years of age, the subject of albuminuria and dropsy, I gave chloral, and had the satisfaction of seeing this line of treatment as successful as in the case which I have reported.—*Louv. Med. News, Jan. 20.*

HYDROCYANIC ACID IN ALBUMINURIA.

In a letter to the *Lancet*, Mr. V. G. WEBB states that some five years ago, having ordered full doses of hydrocyanic acid to allay vomiting for a patient with diphtheria, he found the next day that the percentage of albumin in the urine was reduced one-half; also that he has lately found the drug equally beneficial in scarlatinal nephritis.—*N. Y. Med. Jour.*, Jan. 20.

MALARIAL HEMATURIA.—QUINA PHENATE.

In a well marked case of this disease, complicating Bright's disease, the hemorrhage was promptly arrested by teaspoonful doses of quina phenate, hourly, in a half teacup of warm tea.

Attending symptoms of periodicity, with chills, suggested this compound, which is made of the alkaloids of calisaya bark, viz: Quinine, cinchonina, cinchonidia, quinidia, quinidine, and chinoidine, in proportion of two per cent. with one per cent. of phenic acid in syrup with aromatics, (Cassebeer's Formula.)—*S. Practitioner*.

PNEUMO-URIA.

Prof. E. L. KEYES, of New York, contributes an article to *Medical News* of Dec. 16, 1882, entitled Pneumo-Uria, which disease is characterized by the formation of a gas in the bladder, resembling air, colorless, sweet and pure, not ammoniacal, not sulphuretted hydrogen, and not introduced from without. Two cases are cited which indicate the existence of this peculiar malady.

In the first case the remarks are quoted from memory. In brief, a gentleman aged sixty-seven, after some years of treatment for prostatic trouble, died from renal disease produced by this obstruction. During life it was remembered that he had passed gas per penem. At the autopsy, the bladder was found distended with gas, and yet no fecal matter nor vesico-intestinal fistula was found in the bladder. The urine was not putrid, nor had it contained foreign matter. Unfortunately the case was not more carefully recorded, and Prof. Keyes remarks he presents it "for what it is worth."

In the second case, a gentleman applies for treatment on account of frequent micturition and the passage of gas by the urethra. The urine was not putrid, the gas was odorless, and contained no sulphuretted hydrogen, except on one occasion, when the urine became ammoniacal and decomposed, and probably was free from carbolic acid, as the urine did not contain an excess of carbonates. Indeed, Prof. Welch pronounced it to be simple air. The crucial test of an autopsy was absent, but the symptoms excluded intestinal fistula, the track of an abscess or a cancerous erosion as the means of entrance into the bladder of this gas. Two similar cases are reported by Widel and Raciborski. Of course these cases do not prove the existence of pneumo-uria; but they should stimulate investigation, and if possible be the starting point of establishing this strange malady upon a sound basis.—*Med. and Surg. Rep.*, Jan. 6.

RETENTION AND HEMORRHAGE.—ASPIRATOR.

A. H. GARNETT, M. D., Oswego, Kansas, concludes a communication as follows:

We were about at our wits ends when the aspirator was brought out. (Miller with stomach-pump combined). The needle was detached and the rubber attached to a catheter, previously introduced into the bladder.

The aspirator was then worked upon the principal for which it was devised, and the powerful suction not only dislodged the clots, but drew them through the instrument and they were discharged along with urine through the escape tube of the aspirator much to the relief of both doctors and the patient.—*Qin. Lancet and Olin.*, Jan. 6.

COAGULA IN THE BLADDER.—PEPSIN.

The latest use of pepsin is to digest blood in the bladder, under circumstances which rendered other modes of rendering the blood liquid impracticable.—*Detroit Lancet, Dec.*

DIABETES.—CODEA.

Dr. SINGLETON SMITH (*Brit. Med. Jour.*) enters very fully into the merits of codea in the treatment of diabetes. He reports three cases in detail. In all a marked improvement followed the use of codea, which improvement ceased when the drug was omitted, and was renewed on its repetition. Morphine had a good effect in two of the cases, but the improvement was much less marked with it than with the other alkaloid.—*New Eng. Med. Mo.*

DIPHtheritic CYSTITIS.

A very curious case of diphtheritic cystitis is reported by Dr. JACOBI. The patient has had urinary trouble for a long time; his urine was frequently very offensive, containing blood and puss. About five days before his death he suddenly collapsed. The doctor found the bladder well filled, and introduced a catheter, but succeeded in removing but a few drops of a gollinsh fetid liquid. Assuming the presence of a malignant tumor at the neck of the bladder, he attempted to draw off the urine by puncturing above the symphysis pubis—again without success. At the post mortem examination a thick membranous lining of the bladder was found detached, in the form of a sac, containing about a quart of urine. During life the beak of the catheter evidently passed into the space between the bladder and the membranous sac, which accounts for the unsuccessful attempts at catheterisation.—*N. Y. Med. Jour.*

SIPHON CATHETER IN RETENTION OF URINE.

Dr. APOLANT related a case where the bladder was full to the navel. After introducing a catheter, No. 18, no urine flowed off except by pressure on the abdomen, and only by drops. After a second unsuccessful effort he made the catheter a kind of a siphon, and had complete success.—*Amer. Practitioner.*

PILOCARPIN IN POLYURIA.

In a recent memoir (*These de Paris*), M. DUGROUX asserts that pilocarpin by hypodermic injection, in the dose of one-sixth to one-third of a grain, has proven successful in some forms of polyuria.

It brought about complete cure in two cases of azoturic polyuria, the one essential and the other symptomatic of interstitial nephritis; in this last case it also caused the disappearance of very marked amblyopia. In two cases of simple polyuria, it caused a notable amelioration of the general symptoms.

It proved unsuccessful in a case of polyuria in chronic saturnine poisoning, in a chronic case of simple polyuria, and in a case occurring to a patient in an advanced state of scrofulous cachexia.—*Med. and Surg. Rep., Dec. 23.*

PHENIC INJECTION FOR CHRONIC CYSTITIS.

According to "L'Union Médicale," this consists of crystallized phenic acid, dissolved, with the aid of a sufficient amount of alcohol, in from one thousand to two thousand parts of distilled water. Properly prepared, it is said to give rise to no pain, but to act as an astringent modifying the denuded surfaces and hindering absorption. After having washed the bladder out with water of the temperature of the body, the solution is injected very slowly, until the bladder is well distended, so that the liquid comes in contact with every portion of its interior. The injection is then allowed to flow out, and the organ is again washed out with warm water.—*Cin. Lancet and Clin., Jan. 27.*

SURGERY.

OPERATIONS, APPLIANCES, DRESSINGS, ETC.

THE EXPECTANT TREATMENT IN SURGERY.

H. I. RAYMOND. M. D., *Med. News*, Dec. 30, 1882; is of the opinion that in wounds of the chest, the bullet itself may prove innocuous, and may have carried no foreign body in with it that may cause septic or purulent infection. This he believes to be the rule, the contrary the exception.

"It is manifest, therefore, that the prime factor in treatment of such wounds is to hermetically seal them by antiseptic occlusion, that no infection may take place in the wound non-infected when it comes into the hands of the surgeon. Strange enough, it was the habit in Bellevue Hospital to occlude antiseptically a wound of the chest, but to probe and introduce drainage-tubes into a gunshot wound of the soft parts. But why should we fear to occlude a bullet wound of the biceps muscle, when it is the practice to hermetically seal up a bullet wound of the chest, and that too with good results?"

Of seven cases of penetrating gun shot wounds of chest, in Bellevue, treated by antiseptic occlusion, but one case died, the others making perfect recoveries.

The doctor takes exception to the statement "that penetrating gunshot wounds of the joints are invariably attended with suppuration." The fallacy of this statement is most certainly pointed out by twenty-seven tabulated cases in the experience of Karl Reyher, two-thirds of which were treated by primary antiseptic occlusion, and one-third by primary antiseptic drainage, and also by six other cases of the same nature treated by primary occlusion, not even antiseptic.

Karl Reyher had under his care twenty-seven penetrating gunshot wounds of the joints; eighteen of these he treated by primary antiseptic *occlusion*, "this is, by hermetically sealing the mouth of the wound by an antiseptic covering, without having previously introduced probe or finger or drainage tube into it;" of these eighteen but one death occurred. The remaining nine cases were treated by primary antiseptic *drainage*, and of these two died.

"That is to say, of twice the number of cases of penetrating gunshot injuries of the joints treated by primary antiseptics *occlusion*, but fifty per cent. of deaths resulted as compared with the mortality of half that number of cases treated by primary antiseptic *drainage*," recommended as being the best method of treatment adapted to such wounds.

"Add to this result six cases of penetrating gunshot wounds of the joints, treated by primary occlusion, even *not-antiseptic*, in all of which cases there was lodgment of the projectile, and recovery with no resulting ankylosis, and in the face of these stern facts, the announcement that penetrating gunshot wounds of the joints are invariably attended with suppuration, is startling."

The following are the conclusions with which the article is summed up:

1. That this method of treatment is applicable to a large percentage of wounds inflicted by a cartridge from a revolver, or cylindro-conoidal bullet from a modern rifle or carbine.
2. That in properly-selected cases, wounds treated by this method do not suppurate or secrete any septic fluid.
3. On the contrary, this immediate antiseptic occlusion is intended to forestall suppuration, and to allow a reparative reaction and secretion to be set up.
4. That the simplicity of this method should recommend itself to the profession in the treatment of wounds to which it is applicable.—*Med. and Surg. Rep.*, Jan. 27.

WOUNDS IN THE COURSE OF DIABETES.

The recent death of Gambetta, who was reported to have been a sufferer from glycosuria, revives the interest in the question of operations in diabetes. That wounds occurring in diabetic patients are prone to resist treatment, and to be followed by phlegmonous inflammation, has long been known. The frequent occurrence of gangrene and unhealthy inflammatory processes in such cases were first observed by a French military surgeon, Marchal de Calvi, in 1858. Ten years later he had already collected a series of one hundred and thirty-three illustrative cases. He made the observation that it was generally otherwise healthy and robust-looking patients, and especially those of middle age, who were most frequently affected in this way.

Nélaton and Verneuil, and, later, Peyrot, have also recorded corroborative cases. In Germany, Wagner and Griesinger, have in turn discussed the subject. More recently, a work by Dr. Roser has appeared, in which he states his conviction that the development of inflammatory processes, in the course of diabetes, is due wholly and solely to the altered condition of the blood. He believes the gangrenous and phlegmonous processes to be entirely different from those of the non-diabetic, being altogether independent of the possible entry of septic germs from without. Hence antiseptic treatment is not sufficient alone to ward off septic inflammation. Only when coupled with strict antidiabetic diet is it of any real value.

Other German writers, as Kraske and König, believe, however, that the infection takes place from without. But they affirm that the condition of the blood in diabetes is especially favorable to the further development of the morbid processes. Indeed, it is often favorable to such an extent that antiseptic treatment is of no avail.

Still more recently, Dr. Müller has given his attention to this subject (*Aerztliches Intelligenzblatt*, No. 41, 1882). From the consideration of a large number of cases, collected from various sources; he finds that strict antidiabetic rules of diet are of the utmost importance. Indeed, the antidiabetic treatment is far more conducive to the healing of the wound than the antiseptic treatment of the wound itself.

The author's paper suggests once more the question, whether operations ought to be undertaken upon diabetic patients or not. The opinions of Marchal, Verneuil, and Roser may be accepted in answer. They all agree that operations should never be performed in such cases unless they are absolutely necessary; and only then if some improvement has been found to follow upon a course of dietetic treatment, and if the patient be otherwise in fair health. Careful dieting, therefore, should invariably be enforced both before and after the operation.

In view of such unequivocal testimony we may well question the propriety of recent German strictures upon the treatment which Gambetta received at the hands of his attending physicians and surgeons.—*Med. Record*, Jan. 20.

A NEW METHOD OF ANTISEPTIC OPERATION.

Ever since the value of certain rigid precautions in surgical operations became fully known, surgeons have been seeking for the perfect antiseptic.

This interesting search still continues. We may conclude, therefore, that the substance in question has not yet been found. That it will some day be discovered is a proper subject for devout hope. A completely satisfactory method of insuring antisepsis, or more correctly speaking, of maintaining it, must be conceded to be still forthcoming. Meanwhile, new agents and novel modes of applying old ones are constantly published on the daily bulletin board of medical discoveries. Our German confrères are especially active and proportionately prolific in this department of human enterprise. But, as already stated, the ideal antiseptic has yet to be found.

The most recent method of antiseptic procedure is that advocated by KOCHER (*Volkmann's Klinische Vorträge*, No. 224, 1882). He claims that with his method primary union is always obtained, or at least obtainable. The drainage-tube is discarded, and the wound is closed by suture throughout its entire extent. The substance he employs after having made the usual experiments to determine its antiseptic properties is subnitrate of bismuth. The following is the mode of its employment, as described by Kocher:

During the operation the wound is from time to time sprinkled with water, holding the bismuth in suspension. The same is done in any subsequent dressings that may be required. When the operation is completed and all oozing from the cut surfaces has ceased, the wound is closed with sutures and the line of incision sealed with a bismuth paste. Then the usual dressings, wet with the bismuth mixture, are applied. In all large wounds, where there is much oozing of blood or serum, the sutures are inserted, but are not at once drawn tightly. Drainage-tubes are never used, but cavities are filled with wads of gauze. The parts are then covered with the bismuth dressing. After usually from twelve to twenty-four hours the dressings are removed and the surface once more sprinkled with bismuth. The sutures are then tightened and the antiseptic dressings reapplied. This step in the new method is designated as that of "secondary suture" (*Secundärnaht*.)

Bismuth in powder is not used, as it was found in some instances to give rise to diarrhoea, nephritis, stomatitis, or other disturbances. It is simply held in suspension in water, in the proportion of ten per cent., and the mixture sprinkled upon the parts by means of a bottle such as is ordinarily used by barbers. In this way the surface of the wound is covered with a thin film of the drug, sufficient to insure antisepsis, without, it is asserted, in any degree interfering with primary union. One great advantage in the employment of bismuth, in addition to its antiseptic properties, lies, according to Kocher, in its astringency. Not only are all septic influences warded off, but the secretions of the wound are dried up, thus facilitating primary union and obviating the disadvantages of drainage. The paper concludes with the histories in brief of a rather large number of cases of severe operations, conducted according to this method. In nearly all rapid healing occurred without suppuration, and with scarcely any rise of temperature. Kocher's procedure certainly has the great merits of simplicity and ease of application. But time and a more extended trial must determine whether we are to regard it as the long-desired means of securing perfect wound-healing, or whether it is only another of the many ephemeral methods that have proved nearly worthless in all hands save those of their original advocates.—*Med. Record*, Jan. 13.

USELESSNESS OF STYPTICS IN GENERAL SURGERY.

Read before the Philadelphia County Medical Society, November 22, 1882, by JOHN B. ROBERTS, M.D.

If hemorrhage is sufficient to make its arrest by surgical means important, styptics are either worthless because inefficient, or needless because better hæmostatic measures are easily applicable. That which is inefficient and unnecessary is certainly useless. Hence styptics are useless for arresting hemorrhages met in general surgical practice.

By styptics I mean those astringent chemical agents that are employed to stop bleeding, because of their tendency to produce contraction of the vessels and surrounding tissues, and because of their effect in inducing rapid coagulation of blood. Their number is great. Subsulphate of iron, perchloride of

iron, alum, tannic acid, gallic acid, turpentine, the copper, zinc, and silver salts, and combinations of various mineral and vegetable ingredients, have had their advocates. They are all about equally useless, though some are more objectionable than others.

The method of using styptics generally recommended is substantially as follows: "Remove loose clots, wipe the bleeding surface dry, and press upon the part a piece of cotton, muslin, or sponge impregnated with the styptic powder or solution." In many cases this will, I admit, be followed by cessation of bleeding; but so would mere exposure to the air, or the application of pressure without the styptic solution.

I have three objections to the use of styptics:

1. Their reputation as hæmostatic agents leads practitioners to resort to them when more trustworthy methods are needed. Thus valuable time is lost, for, after temporary arrest, the hemorrhage recurs in the already anæmic patient, and is perhaps followed by disastrous results.

2. If they fail to control the bleeding,—which they generally do if the hemorrhage is important—it is often so difficult to rid the surface of the pasty clots that subsequent ligation of the vessels is well-nigh impracticable.

3. Many styptics prevent union by first intention, because they irritate the raw surface, lead to inflammation, or induce suppuration.

Monse's salt—the subsulphate of iron—has probably more reputation than any other styptic, yet it is the most objectionable of all. It covers the wound with black, sticky clots, which obscure further examination of the surface, prevent primary union, and may even allow bleeding to occur beneath them. I have seen such leathery masses of coagulum raised up into vesicles by the subjacent hemorrhage.

There are but two scientific and satisfactory ways of arresting hemorrhage as usually observed in the practice of general surgery:

1. The first is occlusion of each individual vessel by ligation, torsion, or acu-pressure, and is generally not required for arteries smaller than the facial, nor for veins, except those of the largest calibre.

2. The second method is direct pressure by compresses and bandages, which, if properly applied, will always be effectual when the first method is not demanded. It is to be adopted when there is oozing from small arteries and capillaries.

In all cases of traumatic hemorrhage, it should be recollected that a man can lose many fluidounces of blood without serious injury, and also that no artery or vein can bleed if it is compressed by the fingers. These facts assure the surgeon that there are always time and means to control the bleeding at least temporarily.

Many arteries that spurt freely when first divided soon spontaneously stop bleeding. Therefore it is foolish to interrupt the steps of an operation by ligating every little vessel that throws out a jet of blood. Let the surgeon proceed, even if the arteries are quite large, and when he has finished his incisions he will find, to his surprise, very few points requiring ligatures. He should ligate these, and, after washing away the loose clots, make moderate and equable pressure. There will then be no part for styptics to play.

It is possible, perhaps, that there may be occasional instances of oozing where pressure cannot be effectually applied; but these are certainly so rare that they do not materially affect the truth of the proposition that styptics are useless. In bleeding from cavities, compressed sponge will often make efficient pressure; and with elastic bandages we can obtain sufficiently firm compression even of soft and flaccid parts. Of course bandages must not be applied tightly enough to strangulate and cause gangrene. Firm pressure is all that is necessary, for it requires only moderate digital pressure to occlude even the largest arterial trunk.—*Med. Times, Jan. 27.*

IODIFORM IN MILITARY SURGERY.

The value of a drug which can be immediately applied and which will render wounds aseptic and cleanly until the wounded reach the hospital, cannot be overrated (*Mary Med. Jour*). During the Russian and Turkish

war (*Von Nussbaum Lond. Med. Rec.*) Von Reyman and Reyher showed most encouraging examples of the value of plugging wounds on the battle-field by antiseptic tampons. Five or six days of the roughest transport did not prevent the wounds so treated from appearing fresh and aseptic on arrival in the hospital. Such results lend support to Esmarch's brilliant idea to provide every soldier with the means of rendering his wounds antiseptic. With the great propelling power of modern weapons, many gunshot wounds have all the characteristics of incised wounds, and of themselves become rapidly closed to the exclusion of septic matters. If in the next war soldiers are provided on the battle-field with tampons of iodoform or iodoform with salicylic or boracic acids, it is safe to conclude that a large number of wounds will be found to be healed in the course of a few days, that all others will be placed in far more favorable conditions, and that in many cases it will be possible to send the wounded away at once to a distance, or even to their own homes.—*Chicago Med. Rev.*, Dec. 15.

MIXED CHLOROFORM.—MORPHIA NARCOSIS.

This method, as practiced by PROF. THIERSCH, in Leipsic, succeeds frequently, without producing unconsciousness, in causing a perfect analgesia, during which Thiersch had made grave and prolonged operations.

To be certain of this narcosis, drunkards receive one-half to one grain morphia; men one-half of a grain; women one-quarter of a grain, and children one-twelfth to one-eighth of a grain. From 5 to 7 minutes after the hypodermic injection the patients are very lightly chloroformed, till near the stage of excitement; the operation is performed; as soon as pain is felt, a little chloroform is added. In this manner not the tenth part of chloroform is needed, the operation just as painless as under full chloroform narcosis, and there is no risk or danger incurred.—*Med. and Surg. Rep.*

DANGER IN ANÆSTHESIA.—PINS IN MOUTH.

Some time ago a lady, accompanied by her husband, came into my office to have a number of teeth extracted. As she desired to take gas, I carefully examined the teeth and roots to be removed, and administered the anesthetic. After removing eight or ten teeth without the slightest pain, or even movement, on her part, I patiently waited for her to regain consciousness; when, just as I held her head over the spittoon, judge of my surprise to see a number of pins hanging down to the clotted blood and saliva. I asked her where they came from. She laughed, and said, "Oh, I had them under my tongue and at the sides of my cheeks." Her husband cried out in language more forcible than elegant, "I told her those pins would be the death of her yet." She actually sleeps all night with them in her mouth.—D. V. BEACOCK.—*Dental Cosmos*, Dec.

IMPROVEMENT IN SKIN GRAFTING.

The improvement in the method of treating large excavations so as to cause their filling up by granulations, by means of the introduction of pieces of sponge which should serve as a frame-work for the building of the tissue, was very generally noted by the medical press at the time of its introduction by Dr. Hamilton, of Edinburgh, a year or so ago. Sponge grafting has since been tried by others and the results have, as far as reported, been quite satisfactory. Experience in its use has suggested certain improvements in the details, some of which are noted by Dr. Hamilton himself, in the *British Med. Jour.* of the 6th inst. In the first experiments a single slice of sponge of sufficient size was put in the wound to fill up the gap left by the loss of tissue. The objection to thus completely filling the cavity lays in its prevention of drainage and the consequent accumulation of pus. Dr. Hamilton overcomes this by applying thin slices of sponge in place of the single piece. He employs for the purpose of slicing the sponge a microtome used

for preparing sections of the brain. A large Turkey sponge after being frozen is placed in this and sections of any desired thickness easily sliced off. Such a layer is readily placed over the wound so as to fit its irregularities. In a few days it becomes organized when a second can be placed over it; this in turn organizes and can be followed by successive layers until the required amount of tissue is built up. No bagging of pus or danger of putrefaction attends this method. Another necessary precaution is to see that where the wound is healing, the edge of the layer of sponge does not come in contact with the pellicle of young epidermis at the side; if this be allowed the epidermis will undermine it and cause displacement. Firm and equable pressure is very necessary to secure adhesion, but after this has been effected the pressure may be removed.—*Med. Age, Jan. 25.*

PENETRATION OF VERTEBRAL CANAL BY A HAIR-PIN, CAUSING TRAUMATIC MENINGITIS.

A young girl in taking off her hat, forced a hair-pin into her neck, which apparently wounded the spinal cord, as there was, at once, momentary motor paralysis of the side opposite to the injury; but sensory troubles of the same side, continuing for five days; loss of consciousness, vomitings, vertigo; marked pain and stiffness of the nucha up to the third day. Such were the symptoms upon which was based a diagnosis of traumatic spinal meningitis by Dr. Viry, who reports the case in the *Journ. de Méd. et de Chirurgie pratiques*. A month afterward a complete cure had followed:—*Med. Times, Jan. 13.*

MYOSITIS OSSIFICANS.

At a recent meeting of the Vienna Medical Society, Professor PODRAZKI exhibited a soldier affected with myositis ossificans. (*Lancet*.) Four weeks previously the man applied for treatment, on account of an intense inflammation of the muscles on the front of the right upper arm, apparently set up by severe gymnastic exercise. The muscles were uneven, large, and hard, and the elbow-joint was fixed in flexion. The hardness was removed, and some increased mobility was obtained, by massage and the application of cold. At the end of two weeks a hard, round, movable tumor developed in the flexor of the elbow, which was evidently due to an ossification of the brachialis anticus. At first it was movable, the upper part appeared to be cartilaginous, and it was evidently not connected with the periosteum. Podrazki has seen, in the course of nineteen years, two cases in the practice of Pitha quite similar to this in their characters. In those two cases neither iodide of potassium nor any other treatment adopted had any influence. In a discussion which followed, Professor Weinlechner stated that he had twice seen similar small spots of ossification in the muscles on the front of the leg, due, in each case, to a traumatic cause. Kundrat expressed the opinion that some supposed exostoses on the thigh proceed from muscles. Their form and seat correspond to certain muscles. Their greater frequency in men, and especially in muscular individuals, suggest that their origin is traumatic. They constantly become adherent to bone in the course of their growth, and hence are commonly thought to be primary exostoses.—*Louv. Med. News, Jan. 6.*

ACCIDENTAL DISEASES OF WOUNDS.

In four recent numbers of the *Wiener Med. Wochenschrift* (Nos. 40, 41, 43, 44) there may be found an excellent contribution on the subject of diseases occurring accidentally in wounds, by PANETH and ROSANES. All the cases of accidental wound-diseases happening in Billroth's clinic during the years 1877-1881 have been collected. By means of numbers and charts the reader is presented with comparative tables of the relative frequency of such affections, and comparisons between the previous and the present series of years have also been instituted. During the last five years Listerism has been in

vogue in the clinic, and iodoform has been employed in such cavities as the mouth, vagina, and rectum. We cannot go into the tables and statistics here collated, but must content ourselves with saying that not only has the total number of accidental wound-diseases gradually and increasingly diminished during the years in question, but each disease (erysipelas, pyæmia, septicæmia, and the like) has been less frequent. There seems no reason to doubt that the success has been due to improved hygiene in the local treatment of wounds.—*Med. News*, Dec. 30.

TREATMENT OF NEGLECTED SPRAINS.

Dr. H. A. LATIMER, in the *British Medical Journal*, reports the case of a man suffering from an old sprain of the ankle, of fourteen years' duration. Owing to its being painful, he saved the affected foot and leg as much as possible, resting his weight, when standing, principally on the sound foot. To such an extent did he do this that the muscles of the affected limb commenced to atrophy. Forcible flexion and extension of the joint was made; it was painted with iodine, ammonia liniment was rubbed in daily, electricity twice a week, and he was ordered to use the limb as much as possible. In three weeks' time a perfect cure resulted, which has been permanent.—*Med. and Surg. Rep.*, Dec. 23.

ENCYSTED NEEDLE IN THE LEG.

Dr. Post (*N. Y. Surg. Soc.*) presented a portion of a large needle enclosed in a cyst, which he had removed from a woman's leg about a hand's breadth above the internal malleolus. The patient was forty-five years of age, and gave the history that the portion of needle had been in this position during the last twenty-five years. The point of special interest in the specimen was that the needle was firmly encysted, the cyst, as exhibited in the specimen, almost completely surrounding it. At first it caused but slight irritation, and subsequently gave the patient no trouble whatever until a short time before she applied to him for relief. The needle was a large one, and the portion removed was two centimetres in length.—*Med. News*, Jan. 27.

MUSCULAR HERNIA.

Dr. NIMIER concludes, from an analysis of several cases, that the possibility of the production of hernia of muscular masses is established beyond doubt, but that it is very liable to be confounded with the tumor produced by the rupture of a muscle, or pseudo-muscular hernia; the study of the mode of formation of the tumor, together with the different physical and functional signs, will, however, render a diagnosis possible. The best method of treatment is to form a firm resisting cicatrix in front of the tumor by the action of caustics.—*Arch. Gén. de Méd.*—*Med. News*.

SCARS.—TO OBVIATE.

The *Boston Journal of Chemistry* claims that the following mixture placed upon a granulation surface will prevent the scars from appearing at all unsightly, and in fact at times preventing them from being noticeable: Take of borax an ounce and a half, of salicylic acid twelve grains, glycerine three drachms, rose water six ounces; make a solution.—*Chicago Med. Rev.*, Dec. 1.

RECOVERY AFTER A BROKEN NECK.

Dr. C. JORDISON reports the following case in the *Lancet*: A man aged 38 received a fracture of the laminae of the 5th and 6th cervical vertebræ.

There resulted almost general paralysis. The treatment consisted in absolute rest. He commenced to regain muscular power in three days; at the end of the sixteenth week he was up and walking about, and at the end of the twenty-fifth week he was riding, driving, rowing and swimming, and with the exception of a slight weakness in the left arm, was perfectly well and strong.—*Med. and Surg. Rep.*, Dec. 23.

STRETCHING THE MEDIAN NERVE.

In hunting, a man was shot in the left arm. Paralysis of the forearm set in, with excessive pains. The piece of lead could not be found. The median nerve was paralyzed, and the muscles of the forearm and hand atrophied, the pains being intolerable. An incision 3 ctm. long was made, the enlarged and indurated nerve laid bare and stretched. The wound healed, *prima intentione*. The pains were then moderated and more of a neuralgic character, and after a while they disappeared entirely. The paresis of the muscles diminished, and by galvanic treatment the patient was cured.—*Le Praticien*.—*Med. Record*, Dec. 23.

ELONGATION OF NERVES.

M. TRÉLAT, at the meeting of the Société de Chirurgie held December 13th, read a report on a work of M. BADAL, of Bordeaux, on this subject. Recently M. Badal has stretched the external nasal nerve in three cases of circum-orbital neuralgia, and in all three cases a cure resulted. The operation is very readily performed by making an incision near the angle of the eye, and exposing the nerve between the tendon of the orbicularis and the great oblique muscle.—*Gaz. Méd. de Paris*.—*Med. News*, Jan. 27.

MALIGNANT LYMPHO-SARCOMA OF THE NECK.—KERN'S CATAPLASMATA.

The very unfavorable results which were obtained in operations, as well as by electrolysis, and from injections of medicated substances (acetic acid, alcohol, solution of iodine, arsenic), caused Prof. Busch, of Bonn, to try in some fresh cases of malignant lympho-sarcoma, also in some older ones, the application of Kern's cataplasma, under which he saw buboes reabsorbed while a military surgeon. The poultices of Kern are an admixture of powdered mustard and black soap (1 to 4 or 5), and cause at first a severe erysipelatous inflammation of the skin. They are applied for many hours (four, five, or twelve), enclosed in a small piece of gauze. The cauterized spot is then thoroughly covered with roseline and cotton. A diagnostic error is not to be feared, if one examines for the symptoms of malignant lympho-sarcoma. A person in the prime of life, formerly strong and in the best of health, presenting no previous disposition to glandular affection, is affected with a rapid, increasing swelling of the cervical glands, which coalesces with the surrounding tissues, and thus becomes more or less fixed. It develops through and encloses neighboring structures so as to cause their fusion into a hard, compact mass. Where these symptoms develop in a few weeks, it is sure that a malignant lympho-sarcoma is the explanation of it. In some cases softening, suppuration, and rupture may occur; in others the tumor becomes always softer and more doughy, without producing any fluctuation. It becomes movable, always smaller, and finally disappears through the absorption of its contents. Prof. Busch tries to explain this surprising effect of the irritating poultice on an organized neoplasm. Malignant lymphoma consists essentially of round cells, with individual cheesy foci.

A very strong man, aged fifty-three years, observed in the first days of July a hard swelling beneath the left angle of the lower jaw. Presuming it

to be an inflammation of the tonsils, he used hydro-therapeutics. On August 13th Prof. Busch was consulted, and was startled at the patient's appearance, as two months previous he was the picture of health and strength. From the middle line of the neck to the spinal column, from the lower jaw to the internal half of clavicle, a hard, already immovable tumor extended. The pulsations of the carotid artery could not be felt, as it was included in its whole force. The larynx was pushed to one side of the middle line. The pains characteristic of these tumors predominated upon the occipital and frontal bones, caused evidently by the continued stretching of the posterior auricular and occipitalis magnus nerves. The voice had become hoarser, on account of pressure upon the pneumogastric or recurrent nerves. Busch states: "With all these symptoms and the extensive, rapid growth of the tumor, I could but express my opinion that in all possibility the patient's life would be terminated in a few weeks. If something had to be advised, I would try the poultices of Kern, which did me great service in light cases; perhaps in this instance they would have no action, and if such should be the case after a few days, there was no necessity to torment the patient." Busch commenced his vacation-trip the next day, turning the case over to Dr. Schaefer for further treatment. The poultice was so well endured by the afflicted man that it remained twelve hours, instead of four or five, upon the tumor. In the evening the burned spot was dressed with roseline and cotton, and morphine given internally. Already, on August 27th (fourteen days afterward), a decided decrease of the tumor and great movability was recognized. The cataplasmata was then continued for only four weeks, and the iodide of potassium was given. As soon as the tumor had nearly disappeared, some iodoform was applied with the brush. Prof. Busch saw the patient again, on October 3d, who was then cured, though he did not expect to find him still among the living.—*Med. Record*, Jan. 13.

LYMPHOMA.—ARSENIC INTERNALLY AND SUBCUTANEOUSLY.

A woman of sixty-five had difficulty in swallowing and breathing, and suffered from general feebleness, deafness, etc. Her condition was cachectic. Examination revealed a tumor in the posterior pharynx, filling up the nasal and pharyngeal cavities. The submaxillary and axillary glands were also swollen and hard. These growths were made to disappear, and the woman was regarded as cured in five months. This remarkable result was accomplished by the combined internal and parenchymatous administration of Fowler's solution. The arsenic was given in large doses, mixed with acetated tincture of iron, from eight to twenty-five drops three times a day. In this way twenty-eight grammes were consumed in the course of the treatment. The injections consisted of equal parts of Fowler's solution and distilled water, of which there was injected from one to three tenths of the capacity of a Pravaz syringe (about three to nine minimis). There was but little reaction of the general organism, but a marked acceleration of the pulse. Locally, the tumors increased considerably in size with the first injections, but after the second week rapidly declined.—*Berl. Klin. Woch.*

Czerny has employed the method of Billroth described above in the cure of a glandular lymphomata. In six months he obtained a complete cure of a case in which the patient had taken seven hundred and forty-six drops and had received seventy-six injections of ten drops each.—*Wien. Med. Wochen.*
—*Michigan Medical News.*

ERGOT IN EPITHELIAL CANCER.

Dr. Wm. A. COLLINS had a case of cancerous affection of the face in which the use of a knife or cautery was precluded. It occurred to him to try the effect of ergot to diminish the vascularity and capillary circulation, and thus limit the excessive cell-growth which forms the characteristic feature of these conditions.

Fresh ergot, *freshly* ground to an *impalpable* powder, was applied dry, by means of a soft hair pencil, to the whole surface of the ulcer thrice daily. The ulcer was washed off carefully once daily. After each application the ulcer was covered with a light muslin rag, wet with the following lotion:

R. Acid. carbolic, 3i; acid. sulphurosi, 3j; glycerinæ, ʒj; aquæ, ʒijss. M. S. Lotion.

Tonics were administered. In twelve weeks the whole ulcer had healed, and has remained so now for four years. In a case of mammary cancer, where an ulcer five inches in diameter and one inch deep occupied the site of the destroyed gland, and the axillary glands were involved, an equally complete though less rapid cure was obtained. The author, who reports these cases in the *Cinn. Lan. and Clinic*, relates several other successful cases. These results entitle this treatment to further trial.—*Med. and Surg. Rep.*, Jan. 27.

CANCER.—CITRIC ACID.

Dr. BRANDINI, of Florence, has recently discovered that citric acid will assuage the violent pain which is the usual concomitant of cancer. He applies to the part pledgets of lint soaked in a solution of four grains of the acid in 350 grains of common water, with the result of affording instantaneous relief in the most aggravated cases.—*Galignani's Mes.*—*N. Y. Med. Times*, Feb.

FUNGUS CANCER AND FEVER SORES.—LIME.

M. P. GREENSWARD, M. D., Poughkeepsie, N. Y., writes: About three months ago I was terribly puzzled to find an effectual way of treating fungus cancer. It was about the size of a small chestnut, situated near the second joint of the middle finger, of ten weeks' duration, bled at the slightest touch, had a small neck and large body, looking like a mushroom, and had previously continued to grow in defiance of all remedies used by several very able physicians—one of them recommending amputation of the finger.

I tried nitric, alternated with muriatic acids, with but little effect. At last, almost in despair, I tried prepared lime, expecting that the blood which flowed from this cancer at the slightest touch would unite with the finely powdered lime and slack it, when it would corrode and destroy the cancer, and so the event proved. In a few days I removed all the fungus growth and in three weeks it was cured, being drawn out by the roots.

In addition to the dry lime I used a plaster made of finely powdered lime and lard. This I placed over the cancer, after freely sprinkling it with dry lime.

I was led to use this remedy by reflecting on the great value of linseed oil and lime-water in burns, and was led to use it in fever sores and have never found or tried a finer remedy for that purpose. It draws the fire from the fever sore just as quickly and as effectually as it draws fire from a burn.—*Med. Summary*.

INTERSTITIAL INJECTIONS IN THE TREATMENT OF EPITHELIOMA.

Dr. DUPLONY says that the uncertain results obtained in the treatment of cancer by interstitial injections are due to a lack of thoroughness on the part of the operator in not extending the area of injections far enough into the sound tissues. It is essential to the success of the treatment by this method to act not only upon the diseased tissue but also upon what the author calls the generative zone. Dr. Duplony employs concentrated acetic acid which he injects not only into the tumor itself, but into the area beneath and surrounding it in such a way as to encircle the neoplasm by a series of injections. After a variable number of injections, according to the size of the tumor, the

new growth is exfoliated, leaving a granulating surface, which is tolerably certain to be free from all cancer elements. The injections are extremely painful, but the pain is of short duration. Dr. Duplony has tried this method in two cases with most encouraging results.—*Le Progrès Méd.—Med. Record*, Dec. 23.

CASEATING GLANDS.—“SCOOPING OUT.”

VON LESSER, (*Centr. for Chir.* No. 22.) has recently tried subcutaneous “scooping out” of the caseating gland with satisfaction. Fixing the gland between two fingers, a narrow knife is thrust through the skin into it, when through the little wound a small sharp spoon is introduced and the caseating mass broken down and removed by the spoon and by pressure. Several glands may thus be removed through one small opening. Antiseptic precautions are required, including the spray, otherwise circumglandular phlegmon is liable to follow. Anesthetics are not required except in the young or feeble, or when several punctures are to be made at once. When the glands are superficial a light antiseptic dressing is alone needed but when the scoop has been deeply introduced, a small drainage tube should be placed in the wound for three or four days. L. regards “scooping” as to be preferred to extirpation, being less severe, not preventing the patient continuing his occupation, and causing considerably less disfigurement. To the objection that as all the glands at the site of operation cannot be seen, some diseased ones may be left, he replies that complete extirpation of a mass of glands does not protect against future swelling of neighboring ones, or caseous infiltration of the wound.—*Md. Med. Jour.*, Dec. 15.

SMALL TUMORS AND ULCERS.—GUN-WAD CUTTER.

Dr. C. JOHNSTON, at a meeting of the Baltimore Med. Soc. spoke of the following method of extirpation as simple, but affording extremely good results. Warts sometimes lead to malignant growths. These and other local affections, as ulcers and skin cancers, may require removal on account of their nature or because of the disfigurement they occasion. Here swiftness and certainty are needed. The knife is objectionable, because it makes a ragged edge and sometimes penetrates too deeply. Dr. J. employs a circular gun wad-cutter, of which there are various sizes. This acts as a trephine and makes a smooth and clean circular incision. The margins can be approximated by silver-wire suture, or can be simply treated with carbolized oil and prepared cotton; the latter was most frequently employed by Dr. J. In performing the operation the cutting edge of the instrument is applied over the morbid growth and a half-turn of it is made, followed by another half-turn. A tenaculum is now applied to the still-attached button of tissue, which being lifted, is removed by one horizontal sweep of a knife. When upon the cheek a finger should be inserted into the mouth for the support of the tissues while the trephine is being used. The operation requires an anæsthetic, as chloroform, or bromide of ethyl as used by Dr. Chisolm, or local anæsthesia by ether or ice.

Dr. I. E. Atkinson asked whether so large a scar was not very disfiguring. He has for some years been using the milder caustics, especially nitrate of silver. In the treatment of such affections as epithelioma, he is more and more satisfied with this method. He has now under observation cases thus operated on four or five years ago, and exhibiting very little scar. The dermal curette is first applied and as much of the morbid tissue scraped away as possible. Then the nitrate silver stick is thrust deeply into the part, and with this he bores away, knowing that he can destroy only the heterologous tissue, unless very great force be employed. A small scar is left, and the results are permanent and everything that can be wished for. Swiftness is not, however, a feature of this method, which is painful and requires an anæsthetic. It is useless in syphilitic ulcers.

Dr. Johnston, in reply to a question, stated that two kinds of cicatrix resulted from the operation proposed by him, one linear, if sutures be used, the other circular; the latter is about $\frac{1}{4}$ - $\frac{1}{2}$ the diameter of the wad-cutter employed.—*Med. Med. Jour.*, Jan. 15.

CARBUNCLE.—ACTUAL CAUTERY.

Dr. P. S. CONNER, Professor of Anatomy and Clinical Surgery in the Medical College of Ohio, as the result of observation and experience, approves very highly of the use of Paquelin's thermo-cautery in the treatment of carbuncle. He says:—The long-time standard treatment by incisions, transverse or crucial, is known to occasion at times severe, even dangerous bleeding; and very often neither relieves the pain, arrests the spread of the inflammation, nor, by facilitating the separation of the sloughs, hastens the recovery. Subcutaneous incision is followed by no better result in many cases. The application of caustics (Vienna paste, chloride of zinc, etc.), which has been with some, particularly the French, surgeons a favorite, is objectionable on account of the pain that is caused, the excessive suppuration which may follow, and the considerable loss of substance which is often produced. The use of the actual cautery is not new; but only within a few years, since the introduction of the Paquelin instrument, have we had a convenient way of using high heat without the unpleasant accompaniments, not to say annoyances, of the old-time cautery irons.

As the result of my own observation, limited, it is true, but still sufficient from which to draw some conclusions, I am satisfied that by the early application of the thermo-cautery knife, or, much better, the hammer-head (if I may so term it, *foyer en forme de champignon*, of Collin), the pain may be quickly, generally almost at once, relieved, and the progress of the inflammation arrested. The reported observations of others, as those of Verneuil and of Post, confirm me in my opinion. In the cases that I have treated in this way little or no suppuration has occurred, and the eschar has separated in due time, leaving a healthy granulating surface that has soon cicatrized. Even when the carbuncle has been fully formed, and pus has begun to discharge through the skin-openings, I have derived, I believe, much positive benefit from the thorough application of the cautery, thrust into and through the dead tissue; materially lessening the suppuration, stopping the extension of the disease, hastening repair, and securing a scar-deformity decidedly less than that after any other method of treatment.

Either a white-heat or a dull red may be employed; the use of the latter, of course, being much less likely to be attended with bleeding. In my own cases no troublesome hemorrhage has been produced by the application of the highly-heated cautery. The after-treatment has been very simple, either dry cotton or hot-water dressings being applied until after the separation of the eschar or the slough.

As every one will admit, the special danger in the severer cases of carbuncle lies either in the exhaustion consequent upon protracted suppuration occurring in an individual already debilitated, or the subject of grave organic disease, especially of the kidney; or, as is more usual, in the great liability to the development of one or other form of blood-poisoning. There must, therefore, be great advantage in a method of treatment which will promote early separation of the dead tissue, will restrict the suppuration within comparatively narrow limits, and will—as Langenbeck has stated—best secure firm clots and prevent pyæmic accidents.—*Med. News*, Dec. 9.

THE ACTUAL CAUTERY FOR DERMATO-CELLULITIS.

Dr. A. C. Post reported, at a late meeting of the New York Medical and Surgical Society, (*New York Med. Jour. and Obstet. Review*) a case of chronic traumatic cellulitis, in a man aged forty. The arm was greatly swollen and

brawny and its movements were materially interfered with. Repeated blistering had produced some benefit. The actual cautery was applied at a number of points, and when reported (one week after operation) the inflammation had greatly subsided. Bicarbonate of soda dressings were used.—*Med. and Surg. Rep.*

PARENCHYMATOUS GOITRE.

Dr. JEAN FIORANI (*Gazetta Medica-Italiana-Lombardia*), recommends the following procedure for the removal of parenchymatous goitre by means of the elastic ligature. The tumor being discovered by means of a large incision, and the dissection of the subjacent tissue being made, the principal veins being ligated in two places and cut between the ligatures, the finger is used to isolate the tumor. The sutures are then placed at proper distances, a sufficient space is left to permit of the bronchocele being drawn out. A strong needle is then used to pierce its base, and behind this is passed an elastic ligature; the previously prepared sutures are then locked. The tumor is thus imprisoned, and fixed. Carbolic washing and Listerian dressing finish the operation. The patient of Dr. Fiorani was completely cured three weeks after the operation.—*Gaillard's Med. Jour.* Jan. 13.

HYDATID CYSTS.—CAPILLARY PUNCTURE.

Dr. ALLESANDRO BORGHERINI reports *in extenso* the histories of four cases of echinococcus cysts treated by capillary puncture and withdrawal of a small quantity of fluid. Of the four cases three were cured, but in the other a second puncture with complete evacuation of the cyst was necessary. The punctures were made with the needle of a hypodermic syringe and the amount of fluid withdrawn was from one-half to two drachms. A slight elevation of temperature followed the operation in every instance, but in one case only did the fever continue for any length of time or rise to any considerable height. Improvement did not follow until from eight to fifteen days after the punctures were made. The author thinks that possibly the cure is brought about by the altered tension caused by the abstraction of a small amount of fluid and the consequent disturbance of osmosis, a process by which the parasite obtains nourishment. Or possibly the slight puncture acts as a traumatic cause to impair the vitality of the parasite.—*Gazzetta Medica Italiana*.—*Med. Record*.

TREATMENT OF LARGE STRUMOUS ABSCESS.

NORMAN H. CHAPMAN, M. D., reports a case of large dorso-lumbar strumous abscess in a man, 55 years of age, which was accompanied by such profound depression of the vital forces as to cause a loss of weight of over 100 pounds. Preparatory treatment by tonics and overfeeding enabled the patient to rally, but the abscess burst accidentally. It was subsequently distended by a moderately strong carbolic acid solution (1-20), and a weaker wash was used at each dressing; no bad symptoms appeared, and the man made a good recovery. Dr. Chapman prefers this plan of free evacuation and forcible distention by an antiseptic solution, to aspiration or any other method of treating chronic abscess.—*Col. and Clin. Record*, Dec.

TRICHINOSIS NODULES.

M. RATHERY, in *Le Journal de Méd.*, describes the case of a man who had numerous subcutaneous nodules of the size of peas, situated exclusively on the supradiaphragmatic parts of the body. On excising one of these tumors, it turned out to be a trichinosis cyst. The patient had never suffered from any general or local symptoms of trichinosis.—*Med. Record*, Jan. 13.

TETANUS FROM SLIGHT CAUSES.

Two cases of fatal tetanus, induced by slight injuries, are reported in the *Maryland Medical Journal* of October 1, 1882. The first case is related by Dr. H. J. Berkely. The patient, a strong, healthy man, forty years of age, was vaccinated in January, 1882. A few days later, after exposure to cold, the arm became swollen and inflamed. Three weeks after the vaccination had been performed symptoms of tetanus appeared and continued to increase in severity for several days, until death ensued. The second case, reported by Dr. R. B. Davy, was that of a woman suffering from a uterine polypus. Dilatation of the os was effected by means of laminaria tents, and the new growth was removed by the curette. Four days later the patient experienced some uneasy sensations about the throat, tetanus set in, and death resulted within one week after the insertion of the tents.—*Med. Record*, Dec. 23.

TETANUS—AMPUTATION AND CHLORAL.

M. Berger was called upon to treat a man who had received a gun-shot wound of the hand, and in whom tetanus fully declared itself on the eighth day. The contractions were very violent and prolonged. Disarticulation of the elbow was immediately performed, and the patient was put under the chloral treatment, of which, through the mouth and in enemas, he took eight drachms daily. Immediately the operation was performed the spasms diminished in intensity, and in a week all symptoms of tetanus disappeared. M. Berger believed that chloral alone is not sufficient to arrest traumatic tetanus, but combined with the amputation of the member it succeeds very well.—*Med. and Surg. Rep.*, Jan. 6.

NEW METHOD OF AMPUTATION OF THE UPPER EXTREMITY.

In a case of osteosarcoma of the scapula, M. Desprès performed amputation at the shoulder after the following original method:

First Step.—Ligature of the subclavian artery outside the scaleni muscles by the usual method, using a double ligature in order to guard against secondary hemorrhage.

Second Step.—Incision *en raquette* carried from the middle of the space which separates the projection of the spinous apophyses of the vertebræ from the internal scapular border, at the level of the spine of the scapula, following the back of it, cutting around the point of the shoulder, and passing under the axilla to the middle of the armpit, then returning to the back to rejoin the incision near its point of departure.

Third Step.—Dissection of the upper flap without communicating with the original wound of the ligature of the subclavian.

Fourth Step.—Section of the clavicle as near its middle as possible.

Fifth Step.—Ligature of the axillary vein.

Sixth Step.—Detachment of the scapula by cutting the small pectoral and the great dorsal muscles, and subsequently the other muscles inserted upon the scapula, which are cut while dislocating this bone backward.

The wound is then united by suture, except at the angle corresponding with the axilla.

This operation was suitable for a case of cancer of the scapula, like the one reported, in which it was successfully performed. It was considered less dangerous than excision of the scapula only and leaving the arm. It would also be proper in a case of advanced white swelling of the shoulder involving the scapula.—*La France Méd.*—*Med. Times*, Dec. 2.

REMOVAL OF THE STERNUM.

In the surgical section of the German Association recently meeting at Eisenach (*Allg. Wien. Med. Zeitung*, September 25), Prof. König, of Göttingen, related a case of the total removal of the sternum, which he regarded as

unique. A lady had been under the care of various surgeons during two years and a half for a tumor of the sternum, which, although only moderately sensitive, continued steadily to increase. When she came to Prof. König the tumor much exceeded a child's fist in size, was sarcomatous in appearance, and moderately hard, and sprang from the sternum, extending laterally to the ribs. Before proceeding to its removal he practised removal of the sternum on some rabbits, and ascertained how difficult it was to effect this without opening the pleura, or even the pericardium. Having carefully divided the cartilages of the ribs in succession, he passed his finger under the bone which was to be removed. Until this, nothing was amiss; but now an aperture was found to exist in the right pleural cavity, giving rise to a clucking sound of the respiration. He immediately occluded this with some antiseptic gauze, but then discovered that the tumor was adherent to the pericardium, an aperture into which was announced by the recurrence of the clucking sound. This was stopped up like the other, as was a hole which soon afterward appeared in the left pleural cavity. In spite of all this, the patient only suffered from dyspnoea for a short time. The antiseptic dressing was first removed at the end of twelve days, when a portion of the skin of one of the flaps was found gangrenous, and the heart surrounded with pus. The next dressing took place five days later, and complete healing of the wound only took place very slowly. The patient was exhibited. The total removal of the sternum, attended with openings into the three cavities of the chest, must surely be a surgical *unicum*.—*Med. Times and Gaz.*—*Med. Times. Dec. 16.*

AMPUTATION AT THE HIP JOINT.—PROF. TRENDELENBURG'S METHOD.

In the *American Med. Jour.*, Dr. Varick of Jersey City Hospital describes an amputation at the hip joint, which was successful mainly through the saving of blood by using Prof. Trendelenburg's method of preventing hemorrhage. This method requires a flat steel rod a foot long and $\frac{1}{4}$ inch wide, with a movable lance-shaped point, the rod to be bi-convex on section, $\frac{1}{4}$ of an inch thick, with blunt but smooth edges. This rod is thrust obliquely through the soft parts in front of the joint, in the same way as the two edged knife in the well-known method of Lisfranc, but nearly an inch higher. The rod enters $1\frac{1}{2}$ inches below the anterior superior spinous process of the ilium, passes between the femoral artery and the bone and emerges at the fold of the scrotum. The point being removed, an elastic band is firmly wound, figure-of-eight fashion, around the projecting edges of the rod, compressing effectually the great vessels. Lisfranc's knife is then introduced a little below the rod, and by cutting from within outward in the usual way the anterior flap is formed. The vessels being tied, the band and rod are removed and the joint disarticulated and the posterior flap formed. The patient made a good recovery.—*Pacific M. and S. Jour.*, Dec.

REGIONAL DIAGNOSIS AND TREPHINING.

WERNICKE and HAHN (*Virch. Archiv.*) report a case of tubercular abscess of the left occipital region diagnosed from the symptoms, which were right hemiopia, proceeding to motor and sensory paralysis of the limbs on the right side. The skull was trephined (under antiseptic precautions) at the upper posterior angle of the left parietal bone, the dura and cortex incised and an abscess evacuated. The abscess was about the size of a hen's egg, and about three teaspoonfuls of pus were removed from it. The symptoms of paralysis and the general condition were at first greatly improved, but again returned before death, which took place a fortnight after the operation. The post-mortem examination showed a tubercular abscess in the left parietal and occipital region which had recently opened into the lateral ventricle. There were a few smaller softened tubercles in the neighborhood of the abscess.

There were a few scattered patches of chronic tubercular pneumonia. The unsuccessful result was attributed to the unusual character of the abscess, and the absence of any capsule preventing the further extension and perforation into the ventricle.—*Brain.—Med. News.*

ANTISEPTIC SURGERY.

J. WILLISTON WRIGHT, M. D., professor of surgery in the Medical Department of the University of the City of New York, says:

If the question were asked me, whether I believe in antiseptic surgery or not, I should answer both *yes* and *no*.

Yes, if by antiseptic surgery is implied the thorough cleansing and disinfection of the hands of the surgeon and his assistants, together with his instruments and sponges, when about to perform an operation or dress a wound.

Yes, if by the term is implied the removal from the vicinity of an open wound or sore of all materials which are liable to infect, such as decomposed serum, blood, pus, or particles of dead tissue; the removal, at the earliest possible moment, not only from the patient's person, but also from his room, of all soiled bandages, poultices, or other dressings, and the thorough cleansing of the injured part immediately thereafter with water impregnated with some one of the many so-called germicides or antiseptics, of which carbolic acid is perhaps as good as any, on account of its well-known property of preventing and arresting fermentation and putrefaction, on account of its cheapness, and the facility of obtaining it almost everywhere.

Yes, if the term embodies the purifying of the air of the patient's apartment, as far as possible, of such elements as are supposed to develop septicæmia, pyæmia, or erysipelas, whether in the form of living microscopical organisms, according to the theories of Pasteur, or in the form of minute particles of septic matter thrown off from the skin, from the lungs, or from the surface of the wound itself.

Yes, if it means the timely evacuation of all pent-up fluids, whether pus or other inflammatory products, and the making of suitable provision for their discharge as fast as formed, and before decomposition has had time to occur, by the use of counter-openings, position of the part, and the proper employment of drainage tubes.

Yes, if it means, in a word, perfect cleanliness not only of the wound, but of everything which comes in contact with it, including fingers, instruments, sponges, dressings; including the patient's clothes and his bed linen, and including, last but not least, as perfect disinfection of the air of the apartment as can be secured, first, by thorough ventilation, and, secondly, by keeping the air more or less charged with carbolic acid or some other reliable antiseptic.

No, if it means that all wounds must necessarily do badly, that septicæmia, pyæmia, and erysipelas must be the rule and not the exception, without recourse to all of the endless details of Lister's method.

No, if it implies that the science and art of surgery have reached that state of perfection which enables their votaries not only to predict with absolute certainty the results of a given operation, but even to guarantee a successful termination.

No, if it would force upon us the doctrine that all wounds, whether of an incised, a lacerated, or a contused nature, do best when hermetically sealed under seven or eight layers of antiseptic gauze, with one or two of caoutchouc or oil silk coated with varnish interspersed.

No, if it would compel us to discard in all cases the open treatment of Humphrey, and the water dressings of Sir William Ferguson as relics of a barbarous age, to be condemned, shunned, and avoided by all decent society, and especially by all surgeons who make the slightest pretensions to scientific attainment.

No, if it would have us believe that the statistical records bearing upon this question have always been fairly, honestly, or impartially made; or tha

when we are regaled with an array of twenty or more cases of amputation of cancerous breasts, for example, in the experience of one man, all done with strict attention to the details of Lister's method, and all resulting in union of the wound by the first intention throughout, there is not some part of the history of these or other cases in the experience of the same individual which, for reasons best known to himself, has not been told.

No, if it would have us believe that the better results which are now obtained in the treatment of surgical injuries generally, over those of even a few years ago, are attributable *exclusively* to the minutiae of Lister's method; that no credit is due to the general recognition on the part of surgeons of the necessity of free drainage, the improved state of hospital hygiene, the importance of abundant air-supply, the avoidance of overcrowding, etc.—*N. Y. Med. Jour.*, Jan. 6.

CONSERVATIVE SURGERY IN CHRONIC DISEASE OF ANKLE-JOINT.

The case was a boy who had come to the clinic of Prof. L. A. SAYRE, Bellevue Hospital, New York, a year ago with chronic disease of the knee-joint.

The foot was a shapeless mass and intensely painful, with numerous sinuses leading to dead bone, and had been condemned to amputation by three of the surgeons of the hospital. Dr. Sayre was not aware at the time of their conclusion, and determined upon the removal of all diseased bone. The house surgeon thereupon removed the os calcis, astragalus, cuboid, scaphoid, and cuneiform bones subperiosteally with the periosteum elevator, the os calcis being removed almost in its normal shape; the remaining bones were taken out in small fragments.

The wound was then thoroughly filled with Peruvian balsam, so that all parts were covered from the effects of the air; Listerism carried out to perfection, the creosote in the balsam being the antiseptic. It was then filled with oakum, which kept the heel in shape, a flannel blanket was drawn tightly over the whole foot, and the leg firmly encased in a plaster-of-Paris bandage, the foot and leg being held firmly in the normal position. After the bandage was set a fenestra was cut through on either side of the foot and a large wad of oakum placed in either fenestra, a roller bandage was then firmly applied to the whole limb, the plaster casing protecting the limb from pressure, but allowing pressure over the fenestras, while the internal stuffing being made of picked oakum, percolation could take place and no danger of pyæmia or septicæmia was to be feared.

The oakum was removed every day, the amount reapplied being daily diminished as the cavity became filled with osseous matter, until the amount of oakum applied became merely a thread (movement being given daily to the foot). The sinus was completely closed and an almost perfect foot secured, with the exception that the heel did not project to the normal position, but the motions of the foot upon the leg were almost equivalent to a normal joint, and the child walked with scarcely a perceptible limp. The only defect was in the inversion of his toes from want of power in the peroneal muscles to evert the foot. The application of a little elastic band from his shoe opposite to the little toe to the outside of the leg, by giving slight elastic force would guide the foot in the proper direction and enable him to walk almost normally.—*Med. Record*.

RESECTION OF THE LONG BONES.

MR. ARTHUR NEVE reports three cases of resection of the long bones, and urges that when necrosis of a long bone is an accomplished fact, the surgeon should operate at the earliest possible period, as he will thus substitute rapid repair for slow separation, healthy granulation for sloughing and suppuration. He would urge that the removal should be thorough, even bold; the

re-formation of a considerable portion being easier than the casting off of a small sequestrum. When this practice becomes general we shall, he believes, see fewer deaths from hectic, and text-books will discuss at less length the subject of amputation after necrosis.—*Indian Med. Gaz.*—*Med. News.*

POTT'S DISEASE.—ELASTIC TENSION AND ARTICULAR MOTION.

Dr. M. JOSIAH ROBERTS criticises the want of uniformity in the principles of the treatment of Pott's disease as advocated by Sayre. In the lower dorsal and lumbar regions the attempt is made to secure rigid extension and absolute rest of the diseased parts, while in the cervical region the means employed afford elastic extension and a limited degree of motion. From his study of the subject the author concludes that the rational treatment of cervical caries (and incidentally of disease of other portions of the spinal column) is by elastic extension, permitting of limited voluntary articular motion. He claims that by this method the carious vertebræ are relieved of undue pressure, reflex spasm is overcome, and the jar incident to walking or riding is reduced to a minimum. As a consequence of the limited motion, without irritation, allowed to the diseased spine, the flow of blood through the capillaries is facilitated, and the nutrition and repair of the diseased tissues are promoted.—*New York Med. Jour.*

VICIOUS CALLUS.

In the *Journal de Médecine*, Dr. P. L. CHAMPONNIÈRE reports a clinic of Prof. Trélat, in which there was mentioned as one of the causes for paralysis of the extensors, a lesion or compression of the radial nerve, due to a vicious deposition of callus, which follows occasionally upon fracture of the humerus. As was shown in the clinic, the callus may either surround the nerve or may simply lift and extend it. In either case, the longer the nerve is allowed to remain in its perilous position, the graver grows the prognosis. In the former case the nerve is not likely to recover as rapidly as in the latter case. The treatment as indicated consists in an excision of the fragment of callous which extends too far. In this manner the nerve is readily freed from pressure and extension, and there is every reason to expect a perfect cure. M. Trélat records a case where the injured nerve was restored to perfect usefulness, although the fracture had occurred five months previously, and the nerve consequently had been under extension for a long period.—*Chicago Med. Rev.*, Dec. 15.

ERGOT IN CERTAIN AFFECTIONS OF BONES.

M. MUSGRAVE CLAY read a paper with this title, at the meeting of the French Association for the Advancement of Science, in August last. We take the following abstract from *Le Progrès Médical* of September 9th. After referring to two cases in which the drug had been employed for disease of osseous structures by M. Duboué, of Paris, he stated that he had himself given it in one case of "osteo-arthritis" of the elbow. After making an incision into the peri-articular abscess, M. Musgrave Clay gave to his patient (who was a child six years old) ergot of rye, commencing with a dose of 40 centigrammes, and gradually increasing till 70 centigrammes were given at a dose. The treatment lasted a little less than three months; it was suspended when the child began to complain of cold feet. At the time treatment was begun, suppuration was quite profuse, but the improvement was rapid. In less than eight days there was a decided change for the better. At the present time there is scarcely a trace of the affection remaining; though, if careful examination is made, it will be found that the movements are slightly restricted. The author begs that ergot be tested in analogous cases, and especially in cases of inflammation of the bony structures, and expresses the belief that good results will be obtained.—*Va. Med. Mo.*, Dec.

FRACTURE FROM MUSCULAR CONTRACTION.

Dr. JAMES COLLINS (*Medical Bulletin*) records a rare case of fracture of the humerus from muscular contraction. The fact is thus stated: He threw, what is known in bass ball parlance, an underhand ball, by which the ball, by a peculiar twist of the arm, is sent to the bat with great force, and as the ball approaches it suddenly deviates from a straight to a curved line. This mode of throwing or pitching is done by a different motion from that of ordinary throwing. Immediately after the delivery of the ball he heard a distinct snap, similar to breaking a dry stick; this was also heard by some of his comrades. His arm fell helpless to his side, causing great pain. On admission to the hospital, the upper fragment overlapped the lower fragment anteriorly. There was no difficulty in reducing the deformity or approximating the ends of the fragments. This case is noted as an extremely rare accident, showing that muscular contraction in the mere act of throwing a ball may cause a fracture. Examination of the patient showed that he was of somewhat slender physique, but quite muscular. Neither history of bone disease, syphilis, nor tuberculosis was obtainable.—The man was in good health.—*Chicago Med. Review*, Jan. 15.

UNUNITED FRACTURES.—PERCUSSION.

MR. ROBERT JONES reports three cases of ununited fracture, one of the radius, one of the ulna, and one of the surgical neck of the humerus, in which he employed with success the method known to the medical profession as that of percussion. Of this there are two varieties. The one consisting in severely percussing the limb over the seat of fracture at long intervals; the other in its daily, but gentle performance. Whichever plan be adopted elastic bands should also be tied above and below the fracture to induce local congestion and thereby facilitate the reparative process. More especially is this necessary at night time when the circulatory system is less active than during the day. The hammering is performed with an instrument covered by an India-rubber cap, so as not to lacerate the soft structures. In its absence, however, anything almost will suffice. In case 1, the bone being somewhat deep-seated, he adopted the method of severe hammering, which he performed once a week. The patient tolerated it very well and complained but very little of the pain, although the India-rubber tubes tied around his arm at night made him very restless. He applied no splints, but merely permitted the carriage of his arm slung in hammock-like fashion. This lasted five weeks. After each beating a good deal of swelling and even some contusion marked the occasion. At the end of the fifth week, having noticed a decided thickening of the ends of the bone, he applied splints for four weeks, removing them in time to find union complete. Case 2 is more interesting because more rare. In treating the patient he dispensed with the elastic tubes, and the bone being superficial it was, of course, better to try the gentle mode of percussion than that adopted in case 1. Accordingly he hammered twice a week and kept the splints firmly applied. In a little over four weeks union was firmly established.—*Med. News*.

RARE SEQUEL OF FRACTURE OF THE BASIS CRANII.

At the last meeting of the Medico-Chirurgical Society of Montreal, a specimen was shown in which the right carotid artery in the cavernous sinus had been opened by ulceration from the sphenoidal cells, with the result of fatal hemorrhage from the nostrils. The young man had received a severe wound over the right eye by the explosion of a boiler, six weeks before his death. After recovery from the shock there were no cerebral symptoms, and the wound healed well. The sight of the right eye failed, and Dr. Bullard recognized a commencing atrophy of the optic nerve, and attributed it to

extravasation in the sheath. He had several attacks of bleeding at the nose, but his general health was good. Suddenly one morning, while washing his face, profuse hemorrhage took place from the nostrils, and death followed before assistance could be obtained. At the autopsy the body and the right lesser wing of the sphenoid were eroded and soft, and a line of erosion extended beneath the dura mater along the right orbital plate of the frontal bone. Just where the carotid turns up to become the middle cerebral and where it lies in close apposition to the thin wall of the sphenoidal cells a perforation, 3 x 2 mm., had taken place.

There had doubtless been a fracture of the sphenoid at the time of the injury with subsequent ulceration of the bone.—*Med. News*, Dec. 30.

TREATMENT OF FRACTURE OF THE PATELLA.

In five cases Dr. J. ENGLISH has found the following procedure most successful for the cure of fracture of the patella. He forms a Petit's boot by applying bandages of plaster of Paris and oakum, so that boot and extremity form one solid whole. The broken parts are approximated by a double-headed gutta-percha or flannel roller, so that both heads cross as well above as below in the bend of the knee. The fragments did not heal alone much sooner, but also more perfectly than he had ever seen by any other method. It is by all means rather remarkable, that nobody before should have made use of such an immovable bandage as that of gypsum for fracture of the patella, and English's procedure surely merits a thorough trial by our surgeons also.—(*Wien. Med. Blätter*, No. 14.)—*Med. and Surg. Rep.*, Jan. 13.

COMPOUND FRACTURE OF THE LEG; SUTURE OF THE BONE WITH SILVER WIRE.

Prof. KUSTER reports the case of a man, aged 36, who jumped from a height and sustained a compound fracture of the leg above the ankle-joint. A few loose splinters of bone were removed, and the ends of the fractured bone sutured together with silver wire; drainage tubes were inserted, and antiseptic dressings applied. The temperature never became higher than 38.1° C. Cure was complete without any necrosis, in less than four months.—*Med. Chir. Centralb.*—*Med. News*, Dec. 30.

DISLOCATIONS OF THE THIGH REDUCED BY NEW METHODS OF MANIPULATION.

In cases where reduction of the femur by manipulation in the usual way, with the aid of anæsthetics, has failed, or is inapplicable, and as a substitute, in many cases, for anæsthesia, assistants, and mechanical power, Mr. Kelly (*Dublin Journal of Medical Science*, October,) proposes the following methods:

For posterior dislocations.—The patient is laid prostrate upon the floor. Three strong screw hooks are inserted into the flooring close to the perineum and each ilium of the patient, and to these hooks he is secured by strong bandages or rope. The injured thigh is flexed at right angles to the patient's body; the foot and lower extremity of the tibia are placed against the perineum of the surgeon, who, bending forward, with the knees slightly flexed, passes his forearms behind the patient's knee and grasps his own elbows. Reduction is now accomplished by drawing the femur upward; but circumduction may also be practised; the surgeon, stepping backward, then extends the limb, and lays it by the side of its fellow. In sciatic dislocations, in order to liberate the head of the bone from the foramen, a bandage may be passed around the thigh, close to the trochanter, by which an assistant may make traction.

For anterior dislocations.—The patient is placed upon a table of such elevation as to have his pelvis nearly as high as the trochanter of the surgeon. A bandage around the pelvis, and secured to the side of the table farthest from

the dislocation, affords counter-extension. The surgeon, with his face directed toward the dislocated joint, and standing on its inner side, with his trochanter pressed against the femur, now bends the leg behind his back, and grasps the ankle with the corresponding hand. Reduction is affected by rotating or turning his body partially away from the patient, thus making traction on the femur in the most favorable direction, and at the same pressing its head toward the acetabulum with the disengaged hand.—*Med. Times*, Dec. 16.

DISLOCATION OF ASTRAGALUS.

In *The British Medical Journal*, Dec. 2, 1882, Mr. W. HUNT reports a case of forward dislocation of the astragalus, which he succeeded in relieving, without the aid of an anæsthetic, by making extensions on the foot, and counter-extension by the arms, and pressure on the dislocated bone. The result is the more gratifying when we remember that the reduction is difficult and often impossible, without previous division of the tendo Achillis. If all attempts fail, it brings up the vexed question as to the advisability of removing the bone, especially if torsion or version exist.—*Med. and Surg. Rep.*, Jan. 20.

SEPARATION OF THE EPIPHYSIS OF THE CLAVICLE BY MUSCULAR ACTION.

At the Clinical Society, of London, lately, Mr. CHRISTOPHER HEATH brought forward a case of this kind. It occurred in a boy, aged 14, whilst raising his arm violently to bowl at cricket. The inner end of the clavicle was unduly prominent, presenting a sharp edge. The supra sternal notch was distinct, and a thin lamella was felt between it and the gap on the right side. Reduction was accomplished by laying the patient down, and retention secured by means of a plaster of paris bandage. Mr. Heath took occasion to insist strongly on the great utility of the plaster bandage in fractures of the clavicle and humerus.—*Canadian Pract.*, Jan.

RESPIRATORY ORGANS.

PULMONIC SURGERY.

Dr. KOCH, of Dorpat, communicates (*Deutsche Med. Wochenschrift*, 1882, No. 32) the results of two cases in Leyden's clinic, in which he had operated for chronic putrid bronchitis, with bronchiectasis. The first case was that of a man, aged twenty-four, with the physical signs of contraction of the right lung, cavities in the right base, and catarrh of the right apex. The sputum indicated gangrene of the lung, and was unaffected by treatment. On June 26th, part of the right sixth rib was resected, and after it had been ascertained that the two layers of pleura were completely united, the thermo-cautery was gradually pushed through the lung to the mediastinum. It opened a cavity of the size of a child's fist, about three fingers' breadth from the surface of the lung. The sputum expectorated sank at once from 400 to 120 cubic centimetres daily. On June 30th, part of the eighth rib was resected and the thermo-cautery passed through the base of the lung, without, however, entering any considerable cavity. Exploratory puncture with a syringe showed a purulent collection in front of the vertebræ; and on July 11th this was laid open, between the eighth and ninth ribs, below and internal to the angle of the scapula. The condition of the patient at the date of publication (August 5th) was most satisfactory, although the expectoration had not quite ceased; and it was purposed to explore still further the base of the lung.

The second case was that of a woman, aged twenty-nine, brought into hospital with jaundice, and a putrid expectoration, amounting daily to between 800 and 1000 cubic centimetres. After a preliminary aspiration of the right thoracic cavity on July 15th, four inches of the sixth rib was resected; and, a hollow needle having been passed through the anterior axillary line, in the direction of the right auricle of the heart, the thermo-cautery was pushed in the same direction. Two inches from the surface of the lung it entered a cavity, about the size of the closed fist; and, on pushing it upward and backward from this cavity, as guided by exploratory puncture, it entered another cavity, of the size of a child's head, and containing one thousand cubic centimetres of putrid fluid. The cavities were washed out with thymol solution, and three thick drainage-tubes inserted. The patient collapsed after the operation but remained alive for a week; during which time the expectoration was completely absent, and post mortem the surfaces were found covered with healthy granulations. The cause of death was less the operation than a phlegmonous inflammation of the portal vein, a lobular broncho-pneumonia of the base of the left lung from the presence of a foreign body, and a chronic septicæmia, which had existed for some time. The writer promises a further communication on the subject, in conjunction with Dr. Hiller, who is at present making extensive observations in Leyden's clinic. Meanwhile, he considers that operative interference is indicated in cases of single cavities, especially if near the surface, in cases of acute gangrene, and also in cases of foreign bodies not removable by the trachea, in putrid bronchitis, and in the rare cases of localized tuberculosis of the lung.—*Br. Med. Jour.—Cin. Lancet and Clinic.*

PYO-PNEUMOTHORAX SUCCESSFULLY TREATED BY RESECTION OF A RIB AND DRAINAGE.

Before the Manchester Medical Society, recently, Dr. DRESCHFELD exhibited a patient who was admitted into the Manchester Infirmary on August 15, suffering with all the symptoms of pyo-pneumothorax. The patient, a man aged 49, had always enjoyed good health, with the exception of a cough which had troubled him much for the last twelve months. Five weeks before admission, he was suddenly taken ill with fever, shivering, and pain, in his left side. A few days before admission, he was suddenly seized with intense dyspnoea, and at the same time expectorated large masses of pus. On admission, examination of the chest showed bulging of the left side, diminished movement, and displacement of the heart toward the right; tympanitic percussion-sound in the upper left side in front, dulness below, and dulness behind on the left side; diminution of fremitus and succussion, and metallic tingling in front, behind, and left side; increased fremitus, bronchial breathing, and moist râles above; diminished fremitus and absence of breathing below. The right side of the chest showed symptoms of extensive bronchitis. The pulse showed marked arterial tension. The urine, profuse, of low specific gravity, contained albumen and granular casts. There was no oedema nor ascites. Temperature 101.5°, with anorexia. The dyspnoea was so intense that the patient could not assume the recumbent posture. Large masses of fetid pus were continually being expectorated. From these symptoms, it was evident that the patient had suffered from empyæmia, which, bursting into the lung, already affected with chronic broncho-pneumonia, and communicating with a bronchus, caused the establishment of a pyo-pneumothorax. The patient also suffered evidently from commencing granular kidney. On August 18 a portion of the seventh rib was resected, and the pus evacuated, and a drainage-tube inserted. After this the patient made a very rapid recovery; the fever subsided; the cavity completely closed, and the wound is now quite healed; the left lung expanded again fully, and all the symptoms of disease in the left lung disappeared. In less than two months the patient had gained twenty-two pounds in weight. The kidney-disease, as far as pulse and condition of urine showed, remained the same.—*Br. Med. Jour.—Med. Times, Jan. 18.*

OPERATIVE TREATMENT OF PNEUMOTHORAX.

The following rules are laid down by Professor WERL, for the treatment of pneumothorax occurring in phthisical subjects: 1. Most cases of this kind offer but little encouragement for operative interference. Yet in some of even the most hopeless ones an operation may be the means of prolonging life. 2. In some cases with a relatively favorable prognosis, operative procedures may not only prolong life, but may even lead to a complete cure. 3. In the first five or six weeks after the development of pneumothorax, an operation should not be undertaken, unless the dyspnoea become so urgent as to threaten life. 4. If the dyspnoea become severe soon after the onset of the pneumothorax, and be not controllable by narcotics, then puncture of the chest-wall is necessary. If the dyspnoea speedily return, as it usually does, owing to non-closure of the opening into the lung, an incision must be made. 5. If several weeks later asphyxia threatens, it is due to an accumulation of fluid, which must be withdrawn by aspiration. Should this prove unsuccessful, then there is nothing to do but to make a free incision. 6. In cases with relatively favorable prognosis, it is advisable to operate, even though there be no danger of life. In such cases, however, it is better to wait from four to six weeks, as then the fistula in the lung will probably be closed, and the fever will also have subsided. Various procedures must be adopted, according to the character and amount of the exudation. 7. In cases where the fluid is in excess, and the air has nearly disappeared, the indication is to draw off the fluid in small quantities at a time. 8. In sero-fibrinous exudations, we should draw off small quantities from time to time by simple puncture or by the aspirator. 9. If the exudation become purulent, Senator's method must be practised. 10. If a reaccumulation of pus soon take place—the conditions being otherwise favorable—incision must be practised at once. 11. If the fluid remain scanty and the air be unabsorbed at the end of five weeks or more, it would seem to be the most rational plan to let out the gas through the aspirator needle, and so bring the case under the seventh category, where the conditions for further treatment are more favorable. 12. If the case become stationary with a moderate amount of fluid and considerable gas, the withdrawal of both by the aspirator is indicated.—*Wiener Med. Wochenschr.* —*Med. Record*, Jan. 6.

LESIONS OF THE PHRENIC NERVES.

The *Lancet* says that the effects of lesions of the phrenic nerves have been studied experimentally by MM. Henocque and Eloy. The effects on respiration, of injury to one or both, were registered on recording apparatus. The immediate effect of a lesion of one nerve was found to be a change in the respiratory rhythm, the movements being at first rendered more energetic. After a few moments the diaphragm ceased to move on the side which had been injured, and the contractions of the inferior intercostal muscles and accessory elevators of the upper ribs were rendered feeble. The experiments were made on animals in which the respiration is both abdominal and costo-abdominal—the dog, cat, guinea pig, and the monkey. Death often rapidly follows an injury to the phrenic nerve, but some animals survive, and the thorax is then motionless on the corresponding side, especially in the cat and the monkey. The respiratory movements become visible a few days afterward, and are of course due only to the intercostals. At a later period, during the reparation and regeneration of the nerves, the tone of the voice was observed to be altered. Respiratory tracings, taken two, four, and ten months afterward showed the gradual return of the respiratory curve to the normal. But even when the rhythm was restored, the movements continued deficient in extent. Moreover, in spite of the regeneration of the nerves, there remained a hypertrophy of the inferior intercostal muscles, set up by their supplementary activity.—*Med. and Surg. Rep.*

THORACO-PLASTIC OPERATION.

Dr. FENGER, of Chicago (*Med. News*), has recently performed Estlander's operation of exsection of some of the ribs, to allow of collapse of the chest-walls in a case of empyema. The patient, a girl 16 years of age, had suffered from empyema for three years, and there remained a fistulous opening which refused to heal. The empyema cavity was two inches long, one and a-half inches high and about an inch deep. The 4th, 5th and 6th ribs were removed opposite this cavity to the extent of six centimetres in length. This permitted of closure of the cavity and the patient made a good recovery.—*Canada Lancet*.

FRACTURE OF THE CRICOID CARTILAGE.

Dr. MASUCCI reports a case of fracture of the cricoid cartilage followed by cure. The rarity of this lesion and the conflicting accounts as to the mechanism of its production, led him to make a number of experiments on cadavers and dogs, in which the various conditions were imitated in which this lesion could be produced. He found that to produce a fracture of the laryngeal cartilages, a certain degree of ossification must be present, and the larynx must be fixed by muscular action, the blow or violence must be on the larynx directly from before backward, and not obliquely or laterally; otherwise the larynx will be displaced and not fractured. Asphyxia and aphonia are constant symptoms, and the former, unless treatment is energetic, will be the cause of death; crepitation, emphysema, and dysphagia are also present, with the other signs of violence, such as ecchymosis, œdema of the neck, etc. M. Masucci also observed a condition of convulsive trembling of the sub-hyoid muscles—*Rev. Mens. de Laryngol. d'Otol. et de Rhinologie.—Med. News, Dec. 23*.

PERMANENT TRACHEAL TAMPON.

Dr. J. MICHAEL relates a procedure adopted by him for a permanent tamponade of the trachea. A piece of wet sponge is cut into a cylinder of proper size with a hole in the centre through which canula is passed. The sponge is then tightly wound around with string and dried. A sheath of gold-beater's skin is now drawn over the sponge and tied securely to the canula below. After the insertion of the tube water is poured on to the sponge and the sheath is tied firmly above it. The sponge swells and effectually closes the trachea. When the tracheal wound is large enough, Dr. Michael simply wraps a quantity of rubber tissue around the canula and inserts it into the trachea. If local applications are to be made to the larynx, and it is desirable to allow the secretions to escape below, a double canula is used. In the outer tube a fenestrum is cut, which opens and closes with a slide, and the inner tube is provided with a flange that fits closely to the inner surface of the outer canula just below the fenestrum.—*Wiener Med. Woch.—Med. Record, Dec. 23*.

TRAUMATIC STENOSIS OF TRACHEA.

At a recent meeting of the Medical Society of the County of Albany, Dr. N. L. SNOW reported the case of a stout, hearty man, who was caught between two cars. The point injured was the upper part of the chest, which was excoriated, and there was flattening on the right side, with undue prominence on the left. Anodynes afforded relief. He was chiefly troubled with dyspnœa. This would trouble him in paroxysms, but always yielded to anodynes and hot fomentation. On the twenty-ninth day great dyspnœa supervened, from which he died the next morning. At the autopsy, a stricture of the trachea was found, situated about one and a half inches above the bifurcation.—*Albany Med. Annals*.

TRACHEOTOMY.

Dr. RICHARDSON states (*Boston Med. and Surg. Jour.*, Dec. 14,) that from his own experience and that of others in tracheotomy, he has arrived at the following conclusions: The point of election is just below the cricoid isthmus. The isthmus of the thyroid, if recognized, should be pushed down, the cervical fascia of the median line having first been incised, and the trachea exposed by carefully separating the parts with a director; or the thyroid isthmus may be entirely disregarded, and the parts freely incised, in which case all hæmorrhage should be checked before opening the trachea. Deliberation, careful dissection, and a bloodless operation is better than the gain of a few seconds at the expense of hæmorrhage into the trachea. Ether should be used except in extreme asphyxia.—*Chicago Med. Rev.*, Jan. 1.

TREATMENT OF EMPYEMA.

In an elaborate article on this subject in the *American Journal of the Medical Sciences* for October, 1882, Dr. WILLIAM C. DABNEY draws the following conclusions:

First.—"Medicinal" treatment, as it has been called, namely, treatment without operation, occasionally gives favorable results, but is not advisable, inasmuch as cases so treated are liable to terminate in one or other of the following ways: *a*, Sudden death; *b*, exhaustion; *c*, suffocation; *d*, phthisis; *e*, septicæmia; *f*, calcareous degeneration of the pus; *g*, secondary pneumonia and gangrene of the lung; *h*, peritonitis from the bursting of the empyema into the peritoneal cavity; *i*, amyloid degeneration of the liver, kidneys, etc.

Second.—Aspiration has given good results in the case of children, and should be tried in them before the radical operation is resorted to.

Aspiration and immediate washing out of the pleural cavity through the aspirator (Kashimura's treatment) has not been used sufficiently often for any conclusion as to its efficacy to be reached.

Third.—Free incision into the pleural cavity is usually necessary, and the best point for such an incision when only one is made is at the lowest point of the purulent collection, and directly below the angle of the scapula. Costal resection is to be avoided if possible, especially in children.

Fourth.—Continuous is preferable to intermittent drainage, because, *a*, the danger of absorption is thereby lessened; *b*, there is usually less danger of irritative fever; *c*, the empyemic cavity is placed in a better position for healing. Continuous drainage is best effected by a drainage-tube.

Fifth.—Through drainage is only advisable in cases where the discharge is very fetid, and where a single opening has proved insufficient.

Sixth.—The thoracic opening should not be allowed to close if more than two drachms of pus are discharged daily.

Seventh.—The danger of sudden death during thoracentesis or injection of the pleural cavity, when proper care is used, is so slight that it may practically be disregarded; but when injections are used, especial care should be taken to see that they have a free outflow.

Eighth.—Simple injections of pure water are often sufficient, but compound tincture of iodine, one part to four of water, is devoid of danger, and hastens recovery. This will usually check fetor also; but if it does not, salicylic acid or permanganate of potash in one-half or one per cent. solutions, may be employed. Carbolic acid is dangerous, as is boracic acid also.

Ninth.—Listerism would probably be advisable in city or hospital practice, but is of doubtful efficacy in the country, and under no circumstances should it be allowed to interfere with thorough drainage.—*Medical Record*.

LARYNX.—ANÆSTHETIC PROPERTIES OF CARBONIC ACID.

Dr. BROWN-SÉQUARD has recently (*Nature*, p. 557) made the interesting discovery that in certain animals complete local anæsthesia of the larynx,

accompanied by incomplete general anæsthesia, may be obtained by directing on to the upper part of that organ a rapid current of carbonic acid during a period of fifteen seconds to two or three minutes. The anæsthesia lasts from two to eight minutes after stopping the current. Dr. Séquard proposes to experiment on the human subject by introducing carbonic acid through the mouth or nostrils. This singular action of the acid may, perhaps, throw some light on the sedative action of aerated waters in vomiting and nausea.—*Proc. Kings Co., Jan.*

NASAL POLYPI.—SNARE AND GALVANO-CAUTERY.

Dr. CARL SEILER removes polypi from the nasal cavities with the snare, as this causes less bleeding than the polyp-forceps, and touches the bleeding base from whence the tumor has been removed with the galvano-cautery. This prevents the return of the growth, which nothing else will, the doctor having tried iodine, chromic acid, etc. This procedure certainly merits further trial.—*Med. Herald, Dec.*

CIRCULATORY ORGANS.

HEART-PUNCTURE AND HEART-SUTURE AS THERAPEUTIC PROCEDURES.

Dr. JOHN B. ROBERTS read the following at a meeting of the College of Physicians of Philadelphia, Jan. 8, 1883:—

It is more than probable that in a few years puncture of the heart-wall (cardicentesis), with direct abstraction of blood by aspiration, will be recognized as the best treatment in cases of greatly dilated or much distended right heart, with intense pulmonary engorgement; and that incision of the pericardium, with suture of the heart muscle, will be accepted as proper in cardiac wounds. Hence these latest novelties in cardiac surgery deserve the attention of the Fellows of the College.

That punctures of the heart are comparatively harmless has been well known to many for some years. In 1872, Roger, while performing pericardicentesis on a child with pericardial effusion, thrust the needle into the right ventricle and withdrew about 6½ Troy ounces (200 grms.) of pure venous blood. The boy, who was aged five years, became pale, sweated, and had an imperceptible pulse. The withdrawal of the pericardial fluid, accomplished prior to the heart injury, was beneficial; and the cardiac puncture did no permanent mischief, for the patient recovered. Death occurred five months later from long existing dilatation and valvular disease of the heart (*Bull. de l'Académie de Médecine, 1875, p. 1276*).

In Hulke's case (*Trans. Clinical Society of London, viii., p. 169*), a woman with pleuro-pneumonia was supposed to have large pericardial effusion, and a trocar was introduced through the fourth left intercostal space. Nothing escaped except a drachm of venous blood, after which the patient seemed relieved of dyspnœa. She died four weeks later from a complication of diseases, and the autopsy revealed cardiac dilatation and valvular changes.

I have said elsewhere (*Paracentesis of the Pericardium, 8vo., Philadelphia, 1880*), in commenting upon this case: "The abstraction of blood seemed to relieve the distended heart much better than phlebotomy would have done, as was evinced by the diminution of threatening symptoms and the decrease of the area of dulness."

Cloquet, Bouchut, Legros, and Onimus have also observed the apparent innocuousness of wounds of the heart made by capillary trocars. Steiner found, ten years or more ago, that electro-puncture needles could be quite

safely introduced into either ventricle, provided they were at once withdrawn (*Med. Times and Gazette*, May, 1873, p. 492, from *Langenbeck's Archiv für klin. Chirurgie*).

It has been considered less safe to puncture the auricles; but the interesting paper of Dr. Benj. F. Westbrook, just published in the *Medical Record* for December 23, 1882, seems to show that our fears are as unfounded as were those of our predecessors in regard to ventricular puncture. It is, in truth, to call attention to his case of harmless *intentional* cardicentesis and to his researches in the surgical anatomy of the operation, that I have been led to refer to the corroborative evidence of the cases mentioned above.

I have with much satisfaction, as have many others, done venesection at the bend of the arm for the temporary relief of the distressing symptoms of dilated heart, and for the dyspnoea due to the pulmonary engorgement of acute pneumonia. If, however, a few *drachms* of blood drawn directly from the heart give the relief that could only be afforded by taking a similar number of *ounces* from the veins of the arm, it seems proper to adopt the former measure. The subsequent circulatory depression from anæmia would undoubtedly be less than after the latter operation.

It is manifestly necessary, however, to determine that cardicentesis is innocuous before it can take the place of venesection. The above-mentioned cases and Dr. Westbrook's experience tend to show that such is the fact.

Dr. Westbrook believes that the proper place to perform the operation is in the third costal interspace close to the *right* edge of the sternum. This situation enables the operator to tap the right auricle without injuring the right internal mammary vessels, and with little danger of striking the tricuspid valve. My own preference would be to perforate the ventricle of the right heart by introducing the needle through the fourth interspace, about one and a half or two inches to the *left* of the median line of the sternum. Dr. Westbrook's opinion, however, is entitled to more deference than mine, because he has studied the subject with special reference to cardicentesis, while my special investigations have been limited to the consideration of pericardicentesis.

Further experimentation in heart-puncture for the relief of cardiac distention and pulmonary engorgement is requisite, but it is probable that it will soon become a well-recognized surgical procedure in selected cases. Pericardicentesis has already taken that position, and there is no reason to believe that cardiac surgery will stop its march with the demonstration that the pericardium can be treated as the pleura.

In October, 1881, I read a paper before the Anatomical and Surgical Society of Brooklyn, (*The Surgery of the Pericardium; Annals of Anatomy and Surgery*, December, 1881), in which I advised resection of the costal cartilage and incision of the pericardium for removal of foreign bodies in the pericardial sac; and at the same time said: "The time may possibly come when wounds of the heart itself will be treated by pericardial incision, to allow extraction of clots, and perhaps to suture the cardiac muscle."

It seems as if this time had now almost arrived, for Dr. Block has not only expressed a belief that death can be averted in many cases of heart-wounds by simple incision of the pericardium to allow escape or extraction of the clots which cause pressure and death, but has also undertaken to demonstrate by vivisectional experiments that suture of the heart is a simple operation and requires but three or four minutes.⁶ He finds that opening of the right and left ventricles, and entire compression of the heart for the application of sutures, can be supported by rabbits for several minutes. During suturing he seizes the apex of the heart and draws the organ forward until the traction prevents the escape of blood from the wound. Sutures are then introduced, or the orifice closed by ligation. Even if cardiac pulsation and the respiration stop during this mechanical interference with the heart's movement, death, he asserts, does not necessarily ensue.

These experiments are even more important than the reserches spoken of in regard to heart-puncture.—*Med. News*, Jan. 13.

EFFECT ON THE HEART OF LIGATURE OF THE CORONARY ARTERIES.

It has often been observed that in some cases of death the only lesion found is disease of the coronary artery, while there is no appreciable change in the muscular substance of the heart itself.

This fact induced Cohnheim to study the effect of ligature of these arteries.

The breast of a dog (properly curarized) was opened and the heart laid bare. Then a branch of the coronary artery was tied, and the effect upon the circulation observed by means of the recording cylinder. The stoppage of one of the principal branches had no instantaneous effect upon the action of the heart. Not until the end of the first minute did the pulse begin to fall; the heart's action became arhythmical, at the same time slower, but nevertheless remained of good strength. Suddenly both ventricles stood still in diastole, while the auricles continued to pulsate. The arrest of ventricles was irreparable, and only broken by a few slight peristaltic movements. The irregularity of the beat was very slight, and the blood pressure changes very little until the sudden fall, due to the arrest of the contractions. This last appeared suddenly and in both ventricles at the same moment. After the arrest the contractions could not be reinstated either while the heart was in the animal or after its removal from the body. It was immaterial which coronary artery was tied.

Such must be considered as the direct and constant result of the ligature of at least one large branch. There are various reasons for not believing that the simple want of blood containing oxygen is the cause of this. The course of the blood curve in death by suffocation speaks against this,—where, after a gradual rise, it falls still more gradually with increments at systole. Moreover, the activity of the heart can be excited again after its arrest in this manner.

These results are of interest in human pathology. The cutting off of small branches is relatively well borne, and leads to a myocarditis with formation of connective tissue. The stoppage of a large branch can produce sudden death by arrest of the heart's action.—*Boston M. and S. Jour.*

CARDIAC AFFECTIONS IN CONNECTION WITH NEURALGIA OF THE LEFT ARM.

The recent session of the French Association for the Advancement of the Science terminated with a communication on this subject, by M. Potain, the following abstract of which is from the *Med. Press and Circular* :—

It is well known that irritation of the digestive organs can produce, by reflex action, dilatation of the right side of the heart, or even of the left ventricle, and, in consequence, peripheric neuralgia. This will be shown in the following cases: 1. A soldier was wounded in the left arm and the limb was amputated. The healing of the stump caused a tension of the nerves, and the young man, long after his recovery, became subject to palpitations, suffocations and hypertrophy of the heart. Injuries of this nature are often followed by hypochondria. 2. Another young man had his forearm crushed, and this resulted in a comminuted fracture, with painful cicatrices. After great fatigue he became subject to palpitations and oppression, so that it was necessary to give up all violent exertion. He had all the symptoms of hypertrophy of the heart, and was also hypochondrical. 3. A soldier had the left armpit pierced by a ball, and it produced a reaction when healing which prevented his extending his arm and necessitated forced movements, which caused great pain. The patient suffered from palpitations and oppression, and some time after M. Potain discovered that there was a considerable hypertrophy of the heart. Here are three cases of patients who, although with a perfectly healthy heart before the wound was received, suffered afterward from palpitations and hypertrophy. Here digitalis was indicated. These symptoms differ from those in which the hypertrophy, being situated on the

right side, is caused by irritation of the digestive organs. In such cases digitalis is of no use, but one must have recourse to treatment appropriate to digestion. M. Verneuil also observed an analogous case. A patient from whom the left arm was amputated suffered great pain from the ends of the nerves of the brachial plexus fastened around the bone becoming compressed between the two during the healing of the stump. The patient suffered from hypochondria and cardiac affection. The resection of the arm was followed by cessation of the pain and the cardiac affection. M. Verneuil asked whether the left brachial plexus had not in every case a particular action on the heart, and consequently, if in certain derivative indications on this organ, it would not be better to act on the left arm than in other places? M. Duploux has also seen a case of the same nature in which they had recourse to the extirpation of a neuroma, with success. M. Ollier also saw a case in which the pain, being in the leg, necessitated the resection of the internal saphena. This fact seemed to extend to the leg, the remarks of M. Potain, with reference to the arm. The cases collected up to the present seem to demonstrate that the influence on the part of neuralgia of the left side is considerable; but one need not be surprised to discover that peripheric nervous injuries of the right side exhibit analogous phenomena. M. Leudet knew of an old woman who suffered from peripheric pains in right arm, and who, from time to time, and even when the symptoms were painful, suffered from palpitation, paleness and suffocation. This tends to prove that traumatic neuralgia does not alone take part in the etiology of these secondary cardiac affections, and that spontaneous neuralgia is also capable of acting in the same manner.—*Med. and Surg. Rep.*, Dec. 2.

WOUNDING THE TRANSVERSE SINUS.

The *Zeitschrift für Ohren* contains the history of a case as operated upon by Dr. Knapp for mastoiditis. The bone was found, upon drilling, to be compact and hard, but in its deeper layers hyperæmic. Upon penetrating deeper, the chisel struck upon yielding tissue from which flowed an abundance of dark blood. The wound was filled with a tent of absorbent cotton and united with sutures. Dr. Knapp concluded that he had wounded the transverse sinus. Recovery was uninterrupted.—*Chicago Med. Rev.*, Dec. 15.

TRANSFUSION IN HÆMOPHILIA.

In the Transactions of the Minnesota State Medical Society, Dr. DEDOLF publishes a decidedly interesting case of hæmophilia. The patient was attacked with agina tonsillaris on both sides, and was nearly suffocated when first seen. The doctor incised the tonsils, which commenced bleeding at once and continued to do so for three days. Circumligation was performed, but as soon as the ligated masses came away the bleeding recurred. The patient's history, as well as that of his family, pointed to a hemorrhages diathesis. On the twelfth day, the patient was so exhausted that transfusion became necessary. None of the family would give the blood. Accordingly the carotid of a sheep was opened and the blood passed into the man's basilar vein. No force was used beyond the pumping power of the sheep's heart. The bleeding stopped at once, when about eight ounces of blood had been transfused, and not a drop of blood was lost from that time forward. The patient made a full recovery.—*Chicago Med. Rev.*, Dec. 1.

TREATMENT OF RUPTURE OF LARGE BLOOD VESSELS CONNECTED WITH A SUBCUTANEOUS LESION.

Dr. SANDS would like to elicit the experience of the surgical members of the society (New York Medical and Surgical Society), in regard to the treatment of ruptured arteries and veins of large size with subcutaneous lesions. A lad, fifteen years of age, came under his notice on the pre-

ceding Wednesday evening, having received an injury at five o'clock on the morning of the same day from having the left thigh caught between two sail-boats. The boats came into collision with considerable force. The boy's leg was hanging over the side of one of the boats, and the thigh was caught between them, so that the force was applied laterally at about the lower third of the femur. Upon the outer and inner side of the limb there was well-marked ecchymosis, covering an area of several square inches. The boy said that within five minutes of the time of the injury the limb reached a large size, and at the time of his admission it was found very greatly swollen, the swelling extending up to the middle of the thigh, and involving the popliteal space. The swollen parts were exceedingly tense; the leg was cold, and, although not devoid of circulation, the passage of blood through the veins and capillaries was very sluggish. The pain had subsided when he entered the hospital, and, indeed, the leg was almost insensitive. He had suffered somewhat from shock. No pulsation could be discovered in the affected limb, at or below the seat of the injury. Dr. Sands had no doubt that it was a case of rupture of the artery or vein, or both; it was well known that, when an artery was ruptured completely, pulsation was generally absent. As to a murmur, some authorities stated that it was present, and some that it was not. Where the rupture was partial the signs of traumatic aneurism—that is to say, pulsation and murmur—were much more commonly observed. He proposed to cut down upon and secure the bleeding vessels, or, failing in that to amputate the limb. But the boy's relatives were not present, and nothing could be done but to wait. On Thursday the boy's condition was improved. He had rallied from shock, the temperature of the limb had risen somewhat, so that it was no longer cold, pain had nearly disappeared, and the circulation was more active, the capillary circulation being quite so. The venous circulation still seemed to be slow. On Friday he was worse again; slight delirium had occurred during the previous night, the temperature had risen to 103° F., the limb was cold, and gangrene was evidently threatened. Still, there was capillary circulation in all parts of the limb. To-day, Saturday, his condition was not much changed. Perhaps there was a little more swelling, with a little extension of the coldness up the leg, but the circulation was still going on, and, of course, there was no line of demarkation. Dr. Sands proposed to amputate the limb to-morrow afternoon, if the consent of the relations could be obtained. The point which he wished to raise was, the proper treatment of such an injury in which there was rupture of a large vessel, as of the popliteal artery. Two methods of treatment had been proposed: one, to cut down and find the bleeding vessel and secure it; the other, to amputate the limb. So far as experience was concerned, the latter was the proper operation. It had been found under these circumstances exceedingly difficult to discover the bleeding vessel in the infiltrated tissues; it was found very often that both the artery and the vein were ruptured, and cases in which that operation had been done, he believed, had proved fatal as a rule.

Dr. Post thought the course to be adopted in such a case would depend very much upon the severity of the injury. If it were inflicted by direct violence, producing very great contusion and laceration, the chances of saving the limb by securing the ruptured artery would be small. If the artery were ruptured by indirect violence, so that no very serious injury was done to the other tissues, he would suppose the prospect of giving relief by cutting down and securing the artery would be very fair. In the first instance the injury to the parts, without rupture of a vessel, would often lead to gangrene. Lately a patient was brought to him who had received a stab in the wrist from a pen-knife. The wound was sewed up at the Chambers Street Hospital, but afterward the patient was brought to Dr. Post by a physician, with the statement that repeated hemorrhages had occurred, that the limb was paralyzed, and that no pulsation could be felt in the arteries. The whole history of the case led Dr. Post to believe that the ulnar artery had been wounded. He applied an Esmarch bandage, cut down and ligated the ulnar artery. The patient left the hospital, and Dr. Post supposed he did well. He had not seen any cases of rupture of large arteries, as of the femoral or popliteal, in which the diagnosis was perfectly clear.

Dr. Thomas M. Markoe did not recall any cases exactly similar to the one mentioned by Dr. Sands. A patient once came under his care who had rupture of the anterior tibial artery in connection with a fracture of the bone. The evidence of traumatic aneurism was very marked, the swelling was great, but the case terminated favorably.

Dr. Post remarked that he had two cases of compound fracture in which there was wound of the main artery, in one case the femoral, in the other the brachial. He tied the arteries and the patients recovered.

The President asked whether aspiration would decide whether arterial or venous hemorrhage had occurred.

Dr. Post thought that, unless aspiration were performed very soon after the hemorrhage had occurred, there would be no apparent difference between arterial and venous blood.—*N. Y. Med. Jour.*, Jan. 6.

PERFORATION OF ARTERIES IN PURULENT COLLECTIONS.

At the meeting of the Société de Chirurgie, of Paris, held November 8, 1882, M. Monod made a report on a communication of M. Bouilly in reference to the perforation of arteries in purulent collections. A man suffering from osteo-myelitis of the femur had a collection of pus in the lower part of the thigh; its incision showed that the popliteal vessels were laid bare in the cavity of the abscess. Carbolyzed dressings were applied; two weeks later hemorrhage occurred, which was controlled by pressure and subsequent ligation of the femoral artery. Two days later the patient was found dead in his bed. The autopsy revealed a perforation in the popliteal artery, evidently caused by ulceration from the generally reduced condition of the system.—*Gaz. Hebd.—Med. News*, Dec. 16.

VARICOSE VEINS.—SUBCUTANEOUS LIGATION.

The patient was an old man with beautiful examples in both legs. Since in the right leg there existed some phlebitis, it was not operated on, in the hopes that the inflammation might prove sufficient to obliterate the veins. On the right side the operation was done, without an anæsthetic, as follows: A piece of carbolyzed cat-gut, carried in a large curved needle, was passed through the skin about half an inch from the course of the vein and brought out at an equal distance on the other side. In this stitch the cat-gut passed under the vein. The needle is then re-introduced at the place of its exit and carried backward between the vein and the skin, and made to emerge as near as possible to the place where it entered. The cat-gut is then firmly tied and the ends cut off, so that if possible the knot shall disappear under the skin. A dull needle is preferred by the operator, as the point is not so likely to emerge at an undesired place. The spray is used and a complete Lister dressing placed over the site of the operation. In this case the veins were tied in four places, one of which was above the knee, and the patient kept quiet in bed for a few days. It is claimed that this method has been very successful and the dangers are far less than by any other operation. It certainly has simplicity and ease of accomplishment to recommend it.—*St. Louis Med. and Surg. Jour.*

SUPERFICIAL NEVI.—NITR. ACID.

Dr. WHARTON recommends that superficially situated nevi be cauterized with the strong nitric acid, applied with a glass rod. The resulting slough is followed by a white cicatrix. More extensive nevi call for other treatment.—*Med. Herald*, Dec.

TRANSFUSION OF BLOOD INTO THE PERITONEAL CAVITY.

PONFICK has demonstrated by experiments that any quantity of defibrinated blood injected into the peritoneal cavity will be absorbed with great benefit by any animal. Korzarowski, of Posen, has made these injections in five cases on the human person, with the best results. (1). Nephritis, articular affections, fever, profound anæmia. Two injections of 500 grammes of defibrinated blood into the peritoneal cavity, cure. (2). Nervosity, hysteria, spinal irritation and anæmia. One injection, radical cure. (3). Phthisis well developed; after the first injection the appetite returns, fever and night-sweats disappear. (4). Anæmia, extreme weakness, patient in bed for three months. Eight days after injection of 600 grm. patient walks around; complete cure after three months. (5). Alcoholism, typhus exanthematicus, decubitus, pulmonary affection, 400 grm. injected, cure.—*L'Union Med.*—*Md. Med. Jour.*, Dec. 1.

GOITER.—FLUORIC ACID.

Dr. Edward Woakes gives, in the *Lancet*, a detailed account of a number of cases of goiter cured by fluoric acid internally. He begins treatment with fifteen minims of a one-half per cent. dilution of the acid three times a day, and, if necessary, increases the dose to twenty, thirty, forty, or even seventy minims, and extends the time to several months. His results are quite remarkable, even in cases that had resisted iodine, bromine, iron, etc. In a few it was conjoined with injections of tinct. iodine. Very few failed to be reasonably benefitted, and in eighty-five per cent. the cure was decided.—*Louv. Med. News.*

ALIMENTARY ORGANS.

ULCER OF THE UPPER LIP.

Clinic by DAVID W. CHEEVER, M. D., Professor of Surgery, Harvard University.

This man, as you will observe, has upon his upper lip an ulcer, with ragged, hard edges. It has been there for six or seven months. He has also had for the past three months venereal sores upon his privates, which have not healed yet. These sores, however, seem to be ante-dated by that upon the lip. The question in this case is whether the man has a primary specific sore upon the lip, or whether the ulcer is a degenerating epithelial growth. The patient himself ascribes the sore to irritation from a pipe, aggravated by neglect. I can detect no enlarged glands in the neck, and there appears to be no soreness on either side.

It is important to decide on the nature of this sore within a few weeks for the sake of the treatment. The man says he has taken no medicine. We will, therefore, put him at once upon a course of mercurials, and follow it up vigorously for three or four weeks, either alone or in connection with the iodide. If by that time the sore has not begun to heal, it should be excised.—*Boston M. and S. Jour.*, Jan. 18.

DIVISION OF FRÆNUM OF UPPER LIP, FOR IMPERFECTION IN SPEECH.

Dr. Post, New York, records the case of a girl aged six, who had difficulty in uttering the labial sounds. The mother directed attention to unusual shortness of the frænum of the upper lip, which was divided, with marked improvement.—*N. Y. Med. Jour.*

RANULA—CHLOR. ZINC INJECTIONS.

In the *Gazette des Hôpitaux*, No. 113, an example is related of the successful treatment of a ranula by M. Anger's method, which consists in injection by means of a Pravaz syringe one or two drops of deliquescent chloride of zinc, without having previously discharged the contents of the cyst. Considerable inflammation followed the injection, but without phlegmon or gangrene. The sac became retracted, its liquid contents having been absorbed. Whether a relapse may not take place cannot be certainly stated; but this has not occurred in several other cases that have been thus operated upon. Against the objection that the procedure causes sharp inflammation and is very painful, have to be set its facility and efficacy.—*Med. Times and Gaz.*—*Med. News.*

EPITHELIOMA OF TONGUE.

Both these patients were males; one, a professional gentleman, aged 62; the other a laborer, aged 37. In the first case the disease was located on the left side of the tongue, in the second on the right side. Neither could give any exciting cause, nor were they addicted to the use of pipes. In each case there was an ulcerating mass about the size of an almond, with raised edges and worm eaten appearance in the middle. The disease had existed for several months. No constitutional cachexia in either.

Drs. Helmuth and Butler, Hahnemann Hospital, New York City, operated, using the galvano-cautery. Strong needles were first passed through the tongue in the healthy structure surrounding the growth and over these the loop of wire was drawn and the circuit completed, gentle traction being made as the loop burned its way through.

Great care was exercised to remove completely every trace of the disease. When the mass came away, an eschar covered the surface from which the growth had been removed.

In the first case the operation was bloodless; the slough came away in a few days, leaving a granulating surface which soon cicatrized, and the patient left the hospital in excellent health.

The operation in the second case was attended with more hemorrhage, which was quite difficult to control, and which recurred at short intervals during the first week after the operation. When the slough was all off it stopped and he was able to leave the hospital cured two weeks after.—*New York Med. Times, Feb.*

TUBERCULOSIS OF THE TONGUE.—EXCISION.

The *Lancet* says that Dr. THOMAYER, of Prague, describes three cases. In one case a wide fissure existed, about the middle of the dorsum, with yellow-coated base, and prominent, coarse tubercular nodules at its margins. In the second, the ulcer occupied the right half of the tip of the tongue, and in the third it was situated on the frænum. Two of these cases died, and microscopical examination was made. The ulceration had destroyed the mucous membrane and sub-mucous tissue, and the base was formed by a thick layer of small, round cells, intersected here and there by muscular bundles. Beneath this there spread into the inter-muscular spaces masses of similar cells, which were found to consist partly of giant cells and to be separated by the delicate stroma of tubercle. The muscular fibres themselves seemed invaded by the cell growth. The extent of the lesion demonstrates the futility of caustics, and points to excision as the proper treatment.—*Med. and Surg. Rep.*

OPERATION FOR SALIVARY FISTULA.

At a meeting of the Cincinnati Academy of Medicine Dr. J. L. CROUSE reported a case of salivary fistula, stating that it was of interest on account of the operation employed being different from that usually mentioned in text-books, and on account of its favorable result.

The patient, a girl of five years, four months ago injured herself by falling upon a sharp piece of wood, which entered her cheek. The greater part of the foreign body was removed at time of injury; but subsequently several smaller pieces came away. The wound discharged all the time and not seeming to get any better, the mother brought the patient to the clinic of the Medical College of Ohio. Here the speaker saw the patient for the first time. She presented on the left cheek, midway between the angle of the mouth and the concha of the ear, a linear cicatrix, vertical in direction, of one and one-half inches in length. At the upper border of the same, there was a large vesicle filled with turbid fluid. This, the mother said would burst every now and then, discharging the watery contents over the cheek. As long as there was a free outlet to the secretions, the patient complained of no disagreeable symptom; but when the opening closed, then pain as well as swelling of the parotid region supervened.

On August 4th, three months after the receipt of injury, he operated by passing a silver wire armed with two straight needles through the external opening into the buccal cavity. The free ends of the wire were then twisted in the mouth and the external wound closed.

The object of the wire was to maintain an opening between the injured duct and the buccal cavity; it was allowed to remain there until the external wound had closed.

On September 5th, thirty-two days after the operation, the wire was removed. The recovery was perfect. The last time the patient was seen was on October 24th, seven weeks after removal of wire. At that time the wound was still closed.—*Cin. Lancet and Clinic.*

SARCOMA OF THE TONSIL CURED BY INJECTIONS OF IODOFORM.

WEINLECHNER (*Wiener Med. Presse*, Oct. 29, 1882) reports the case of a man, 60 years of age, who presented at the situation of the left tonsil a large ulcerating growth nearly the size of a lemon, and a glandular swelling under the angle of the corresponding lower jaw, about the size of an orange and situated deep in the tissues of the neck. It was decided not to operate, and injections of iodoform in ether (1:10) were substituted at the suggestion of a colleague. Sixteen injections, of 2½ to 3 drops each, were made into the tonsillar growth, fourteen into the submaxillary swelling. This was June, 1881. In the beginning of the following August, after the sixth injection (within and without), the glandular intumescence had nearly disappeared, and the tonsil had become much smaller. A portion was then removed for microscopical examination, and was pronounced spindle-cell sarcoma by Professor Chiari. In December disagreeable vomiting occurred; the remaining portion of the sarcoma spread to the pharynx, and hemorrhage supervened, which necessitated ligature of the common carotid. Later on the patient suffered from inflammation of the stomach and lungs, which was attributed to the iodoform. The injections were accordingly stopped, and gargles of chlorate and permanagnate of potash were used in the mouth. Under this treatment the tumor got smaller, and in its place a comb-like elevation could be felt on the left wall of the pharynx, extending downward to the interval between the larynx and tongue. This disappeared by August, 1882, leaving nothing to mark the existence of the original growth, but cicatrices on the tonsil and arcus palato-glossus of that side.—*Med. Med. Jour.*, Jan. 15.

TONSILLOTOMY AND HEMORRHAGE.

Dr. N. A. POWELL read a paper on this subject before the Ontario Medical Association (*Canada Lancet*). Statistics show that dangerous hemorrhage occurs in about one per cent. of all tonsillotomies. After the operation, the surgeon should not lose sight of the patient for some hours, but should make frequent and careful inspection of the throat. Blood may pass into the stomach, and give no external sign till blanching of the face or faintness shows its loss. If he finds hemorrhage in unsafe amount, he should resort at once to direct pressure, either with the finger or a sponge, on a firm holder. After this, he should examine for bleeding points, and twist them. Cold should be applied, and in the failure of all measures, ligature of the external carotid, or of the common trunk, may be considered.—*Med. and Surg. Rep.*

TONSILLOTOMY.—TANNIC STYPTIC.

Dr. MORRELL MAKENZIE lays great stress upon the following method of preventing hemorrhage after excision of the tonsils. He uses this mixture: Three hundred and sixty grains of tannic acid and one hundred and twenty grains of gallic acid to one ounce of water. A quarter of a teaspoonful of this after an operation, repeated as required, is sufficient. The gallic acid prevents the solution of the tannic acid.—*Detroit Lancet, Dec.*

BONE LODGED IN ŒSOPHAGUS.—NEW USE FOR THE CONDOM.

Dr. J. NEWELL ROBERTSON of Walcott, N. Y., writes: "F. A. came to my office on the evening of December 6th with a piece of bone in the lower fourth of the œsophagus which lodged there the evening before while eating a 'boiled dinner.' I introduced several sizes of flexible catheters, could feel the substance distinctly, and succeeded in pushing it down about one inch. I then fastened a piece of tissue rubber to the end of a catheter, passed it below the substance, inflated it, then withdrew it, doing it several times. I then, at the suggestion of Dr. Wilson, employed a condom in the same way. Failing as with the first, I inflated it *above* the substance, pushing it gently down, and found to my satisfaction that the 'bone of contention' passed easily before it."—*Med. Record, Jan. 13.*

PERFORATION OF THE ŒSOPHAGUS BY A PIECE OF GLASS.— EXTRACTION THROUGH THE ANTERIOR ABDOMINAL WALL.

Prof. KÜESTER reports in *Medizinisch-chirurgisches Centralblatt* for September 29, the remarkable case of a man who accidentally swallowed a small triangular piece of glass, which became fixed in the cardiac region, and for a year and a half resisted all attempts at extraction, caused the most intense pain and spasms of coughing, and rendered swallowing almost impossible. Frequent hypodermic injections of chloroform in the epigastric region to allay pain resulted in a slough and abscess, through which the piece of glass was discharged. Complete recovery ultimately resulted.—*Med. News.*

TRAUMATIC SPASM OF THE ŒSOPHAGUS.

In the *Union Médicale* for October 12, 1882, M. COURTADE reports a case which seems to show that a blow on the head or thorax in an individual showing before then no disturbance of the nervous system may be followed by persistent spasm of the œsophagus. In the case reported bromide of potassium in large doses and repeated catheterization were sufficient to produce a cure.—*Med. News.*

FOREIGN BODIES SWALLOWED.

At a recent meeting of the Boston Society for Medical Observation (*Boston Med. and Surg. Jour.*) Dr. Reynolds introduced the subject of swallowing foreign bodies, and said: The profession possesses in its classical treatises accounts for an endless variety of foreign bodies that have passed in safety through the alimentary canal. When, however, unusually large or very ill-shaped bodies are to encounter the delicate structures of the intestine in very young subjects, the attendant often finds it hard to put once more unlimited confidence in the natural powers. It is, therefore, perhaps, not unwise to place on record any such instances.

A girl of eight years, holding between her lips a smooth, oblong stone, as large as the last phalanx of an adult thumb, suddenly threw herself back on the floor, and in so doing swallowed the stone. The enemy was voided at stool between forty and fifty hours later. The child ate heartily after the accident, took no medicine, and suffered neither pain nor disturbance of health. Unfortunately the stone cannot be exhibited, as the nurse, thoughtlessly, threw it away. It was, however, well known, and was easily recognized.

Dr. H. I. Bowditch related a case in which a little girl, three years old, swallowed a leaden button. The parents, being much alarmed, gave her, with the consent of a physician, a dose of castor oil. Afterward nothing special was done, and at the end of a week the button was passed from the anus without suffering. Dr. Bowditch said that in his opinion the oil was unnecessary. Certainly repeated dosing, from the liability to produce ill health, should be avoided. A plenty of substantial, rather loosening food, so as to keep the bowels easily and normally opened, was better. Bullets often lie in various parts of the body, and are harmless. Why, then, be alarmed in such a case as the above?

Dr. Brown said it was bad practice to give cathartics or watery substances in such cases. The aim should be to solidify the fæces so as to envelop the object, and milk would be a good diet for this purpose.

Dr. Ingalls reported a case in which a man had swallowed a peach stone. It had come as far as the rectum, but could not be passed further. As it was too high to be reached with the finger, the patient was etherized, and the stone was extracted by the aid of forceps.

Dr. Bush said that it was the custom with persons who attempted to pass spurious coin to swallow them, often, to avoid detection. In such cases their diet was composed of hard-boiled eggs, they having found by experience that this diet rendered the foreign body harmless, by enveloping it in a coat, and in about three days the coin would be found in the fæces.

Dr. Fitz said that if the junction of the pharynx with the œsophagus was the narrowest part of the alimentary canal, anything which will pass this point will pass through the other parts without trouble. Hence if a body of good shape has been actually swallowed, no alarm need be felt.—*Med. and Surg. Rep.*, Dec. 16.

REMOVAL OF THE PYLORUS.

Since CZERNY and BILROTH performed the operation of resection of the pylorus, scarcely three years ago, several other operators have done the same thing. Of the twenty-four cases now on record, according to the *Medical News*, nine recovered from the operation, but what the ultimate results may be in these nine cases time alone can tell. The operation was undertaken for the removal of cancerous tissues or degeneration of this part, and a completely successful result cannot be expected until we have learned to destroy constitutionally the cancerous growths. The resection of the pylorus will never become, at least in our day, an established operation in surgery, but the experience acquired by these operations show that the pyloric extremity of the stomach, or even the entire stomach, may, in suitable cases, be re-

moved, and the upper part of the intestines, attached by ligature, to the thin, gastric walls, or even to the œsophagus, with complete success, the patient living, as it were with only a part, or even without a stomach. Some years ago this would have been regarded as an impossibility, but now it has been done in Europe with the result as stated.—*Pittsburgh Med. Jour.*, Dec.

HYDATID CYSTS OF THE LIVER.

M. TERRILLON writes that puncture and exhaustion of hydated cysts of the liver is totally inefficacious in producing a cure, even when aspiration is not prevented by the clogging of the instrument with the debris of hydatids. Electrolysis is also of very doubtful value, and free incision of the cysts even with antiseptic precautions should only be accepted with hesitation. There only remain two methods: one, that of Recamier, of which the method of Trousseau is only a modification, consists in forming adhesions between the abdominal and cystic walls, and then subsequent evacuation of the contents of the cyst. The other is a modification, which M. Terrillon himself suggests, of the plan pursued by Boinet and Verneuil. This consists in the introduction of a trocar of one centimetre in diameter, directly into the cyst without waiting for any adhesions to form; an elastic sound is then passed into the cyst through the opening of the trocar, which is then withdrawn, leaving the sound in place. When the entrance of the fluid into the peritoneal cavity is feared, the trocar may be left in position for three or four days so as to allow adhesion to take place before introducing the sound. The author has treated four cases successfully in this manner.—*Jour. de Med. de Paris*.—*Med. News*, Dec. 16.

EXCISION OF THE GALL BLADDER.

Dr. C. LANGEBUCH (*Berliner Klinische Woch.*) has successfully excised the gall bladder to prevent the formation of calculi. He makes an incision parallel to the lower border of the liver, joined by an incision parallel to the outer border of the rectus abdominis. The abdominal cavity thus opened, the transverse colon and small intestines are pushed down by a large sponge and the liver elevated so as to bring prominently forward the hepatico-duodenal ligament. The gall bladder is then easily excised. The cystic duct is laid free and ligated with silk in two places, catgut should not be used. Care is taken to avoid wounding the liver, the abdominal wound is then closed and the operation duly finished.—*Amer. Med. Weekly*, Jan. 20.

FISTULA OF THE PANCREAS.

The following rare and exceedingly interesting case is reported by Dr. D. KULENKAMPFF, in the *Berlin Klin. Wochenschrift*, 1882, No. 7, and referred to by Professor L. Rosenthal, in his *Centralbl. f. d. Med. Wissensch.*, 28, 1882, p. 511.

A laborer, æt. 39, received a severe injury, being hit on the abdomen. After the grave inflammatory symptoms had apparently all subsided, the patient felt comparatively well, but complained of gastric disturbances. Gradually a tumor developed itself in the epigastric region, and growing to the size of about a child's head. As he was uncertain in regard to the diagnosis, Dr. K. cut carefully, first through the abdominal wall, in the linea alba; then he punctured the swelling with Potain's apparatus, and about a wine-bottleful of a clear fluid was discharged, containing a large quantity of albumen, but no "Bernstein acid." Later the peritoneum was attached to the abdominal walls, tumor opened, and a litre of the same fluid taken out. He then established drainage, and daily one-quarter to three-quarters litre of this fluid was discharged. The wound closed, but a small fistula remained,

and notwithstanding all endeavors, the skin surrounding it continued sore. This fact caused the suspicion that he had to do here with a pancreatic fistula, and the chemical analysis, which was made by the chemist, Dr. Hausmann, confirmed this. The fistula soon afterward closed forever. We may gain from this case some approximate idea of the amount of pancreatic juice secreted within twenty-four hours in the human being.—*Gaillard's Med. Jour.*, Jan. 13.

MESENTERIC CYSTS AND TUMORS.

Mr. T. SPENCER WELLS says, in the *British Medical Journal*, Dec. 9, 1882, that until last summer he had not met with any cases of mesenteric cysts or solid tumors. (In the *American Journal of Obstetrics*, Dec., 1882, a case of extirpation of a cyst of the mesentery is reported. Werth, whose case it was, thinks that it was a mesenteric gland transformed into a cyst.)

In Mr. Wells' first case he did not attempt to remove the cyst, only removing the fluid contents. On June 20, 1882, he removed a solid tumor, whose origin was clearly in the cellular tissue, at the root of the mesentery proper, near the lumbar vertebræ. All its blood supply was derived from the mesenteric vessels.

The uterus and both ovaries were healthy.

Mr. Wells concludes thus: "The removal of a solid mesenteric tumor may still be regarded as a surgical curiosity."—*Med. and Surg. Rep.*, Jan. 20.

CONTUSIONS OF THE ABDOMEN.

In regard to contusions of the abdomen, Dr. LENTZ states that they are often very grave in their results, even when no external signs of injury are present. In such cases they are accompanied by internal injuries, contusion, or rupture of some portion of the alimentary canal. Death results usually from peritonitis, or may be due to shock conjoined with hemorrhage. If other lesions exist together with the symptoms of severe abdominal contusion, the surgeon should give his attention chiefly to the latter condition, and should abstain from any active interference.—*Revue de Chir.—Med. Rec.* Dec. 16.

EXTIRPATION OF THE SPLEEN.

In the *Centralblatt für Chirurgie*, November 18, 1882, are collected the statistics of a large number of cases of extirpation of the spleen. The indications for operation in the several cases were leucæmia, cystic and other tumors of the spleen, hypertrophy, floating spleen, and abscess. The results were far from encouraging. In thirty-seven cases of excision for disease of the spleen, twenty-seven (nearly seventy-five per cent.) resulted fatally. Of eighteen cases operated upon for leucæmia, only one recovered. The latter case was reported by Franzolini. The patient, a girl, twenty-two years of age, presented well-marked symptoms of leucæmia. The white blood corpuscles were about five times more numerous than normal. The patient made a good recovery with no untoward symptoms, except periodical painful attacks of congestion of the abdominal organs. These ceased after a few days. The number of white blood-globules, steadily increased, and after four months was reduced to the normal.—*Med. Record*, Dec. 30.

LOCAL ETHERIZATION IN STRANGULATED HERNIA.

The following simple procedure is stated by Dr. FINKELNSTEIN to have been successfully employed in the reduction of a large number of cases of strangulated hernia: The patient is placed in the ordinary position upon the back, and every fifteen minutes one or two tablespoonfuls of ether, mixed with a little oil, are poured upon the tightly stretched skin over the intestine.

In the course of an hour the bowel usually slips back of its own accord into the abdominal cavity. This action is explained by the author in cases where the strangulation is caused by contraction at the orifice of the hernial sac, as due to relaxation of the inguinal ring from the ether. In other cases, where no contraction exists, Dr. Finkelnstein refers the favorable result to a double action of the cold in causing a diminution in size of the knuckle of intestine and in setting up forcible peristaltic movements. The oil is added to the ether, in the proportion of 20 parts to 100, simply to prevent local irritation of the skin.—*Allgem. Med. Central-Zeitung*.—*Med. Record*, Jan. 6.

STRANGULATED HERNIA OF THE VERMIFORM APPENDIX.

Dr. E. H. BENNET relates the following case in the *Medical and Surgical Reporter*, of October 7, 1882: The patient, a man sixty-four years of age, was suddenly attacked with violent pain in the hypogastric region. Examination revealed the presence of a tumor the size of a hen's egg, hard and painless, in the right groin. The patient had noticed a lump in this region for three years, but it had never given him any trouble. Although it resembled an enlarged gland rather than a hernia, attempts were made to reduce it, but without success. The bowels were confined and could not be acted upon by cathartics or enemata. Vomiting set in and soon became stercoraceous. On the third day an operation was decided upon. When the strangulated portion was reached it was found to be the free end of the appendix vermiformis. As it was gangrenous it was removed, a ligature being previously passed around the appendix in the healthy portion. At the end of four weeks the wound has healed and the patient made a good recovery.—*Med. Record*.

RESECTION OF INTESTINE.

Dr. JOULLIARD, of Geneva, publishes in the *Medical Press* the following: A man had left inguinal hernia that had become strangulated. At the operation, the intestine was found to be gangrenous and perforated in numerous spots; the testicle was also found to be gangrenous. Twenty-five cm. of intestine were removed, together with the testicle, and an artificial anus was established. After the parts had recovered a healthy tone an attempt was made to unite the divided ends of intestine; this was followed by union by first intention.

Dr. Joulliard distinguishes between primary and secondary enterotomy. The former designation he applies to resection performed on account of gangrene of intestine, and the latter to similar operation for artificial anus. Dr. Joulliard thinks it safer in cases of hernia with gangrene of intestine to first make an artificial anus, and afterward, when tone and strength have been recovered, to resect and restore the continuity of the gut.—*Louv. Med. News*, Dec. 23.

URINARY AND GENERATIVE ORGANS.

ANÆSTHETICS IN DISEASES OF THE KIDNEYS.

Dr. LAURENCE TURNBULL dwells upon the great importance of attention to the condition of the kidneys and examination of the urine when an anæsthetic is to be administered. Many deaths unaccountable otherwise are due to this cause. In diseases of the kidneys, the blood being loaded with urea, anæsthetics almost invariably produce coma and death. He enumerates a considerable number of deaths from ether and hydrobromic

ether, but very few from chloroform. Norris has reported two cases of death supervening unexpectedly from sulphuric ether after operations for cataract. Both recovered consciousness but died comatose, one in a few hours, the other after 18 days; no organic lesion was found *post-mortem* except Bright's disease. Cases have also been reported by Emmet, Hunt and Montgomery, verified by *post-mortem* examination. The kidneys are the active agents in eliminating ether from the blood, and if they are unable to perform this office, and if the skin is cold, moist and inactive, death will supervene by accumulation of mucus in the lungs, or congestion of the brain in true Bright's disease of the kidneys.—*Med. and Surg. Rep.*

SUCCESSFUL NEPHROTOMY.

An interesting case is mentioned, in an address by Mr. T. R. JESSOP, of a female patient suffering with marked evidences of renal disease. Purulent urine was being painfully squirted every few minutes from an intolerant bladder. Physical examination of the patient's abdomen, loins, and pelvis, and chemical and microscopic examination of the urine, revealed no more than the single fact of purulent urine. In the hope of relieving her most distressing symptoms, he resorted to the operation of dilating the neck of the bladder; and when, after its completion, the forefinger was swept round the interior of the viscus, he was struck by the fact that the left ureter could be felt in the wall of the bladder as prominent and as firm as a piece of whipcord, whilst the orifice of the right could with difficulty be made out. Immediately it became clear that the mischief was seated in the left kidney, and with perfect confidence the steps for nephrotomy were taken; the kidney was exposed in the loin, its substance was incised, and from its pelvis there exuded from two to three ounces of offensive pus, the evacuation of which, as the event has shown, proved to be the initial step in an uninterrupted recovery.—*Medical Times.*

PERINEAL CALCULI.

Dr. D. MOLIÈRE (*Journal de Médecine de Paris*) relates the histories of three cases of perineal calculus. The first patient had had two attacks of gonorrhœa, followed by a stricture. Internal urethrotomy was performed, and the patient was discharged. Three years later he returned to the hospital, suffering from an abscess of the perineum. This was incised and found to contain urine and a quantity of gravel. The second case occurred in a man, thirty-five years of age, who had never had gonorrhœa. A perineal abscess formed and opened spontaneously, giving exit to a calculus the size of an egg, and weighing forty grammes. The only ascertainable cause for the formation of the calculus was a blow on the perineum with the butt-end of a musket twenty-five years before. In the third case there was a urinary abscess, the cause of which was stated to have been a fall upon the buttocks forty years previously. The fall was followed for a time by difficult micturition. The abscess was opened, and found to be filled with a quantity of degenerated pus. Two calculi were removed, one the size of an almond, the other smaller. There was no history of a previous gonorrhœa. The slow formation of perineal calculi is well known, cases having been recorded in which the period of development was fifty years, but those of traumatic origin are rare.—*Med. Record, Dec. 2.*

THE DISTOMA HÆMATOBIUM AS A CAUSE OF VESICAL CALCULUS.

Dr. ZANCAROL, surgeon to the Greek Hospital in Alexandria, states that vesical calculus is a very common affection among the native Egyptians. He attributes this frequency to the presence of an entozoon, the distoma

hæmatobium, in the water of the Nile. The Fellaheen drink this water just as it comes from the river, while the Europeans use it only after careful filtering. The former are frequently the subjects of stone in the bladder; among the latter it is of rare occurrence. In nearly every case of calculus the eggs of the distoma *hæmatobium* are found in the urine. The parasite inhabits chiefly the portal, mesenteric, hemorrhoidal, and vesical veins. Its eggs are deposited in great abundance in the latter, and accumulate in the submucous tissues of the bladder in such masses that the mucous membrane often breaks down, giving rise to frequent and intractable hemorrhages. From these hemorrhages result ecchymoses, infiltrations, and ulcerations of the mucous membrane. The uneven surfaces thus formed offer a favorable seat for the deposit of the urinary salts, and these incrustations being detached and agglutinated together, form a nucleus for the stone. The eggs of the distoma and their broken shells are often found in the fragments of the calculi.—*Revue de Chir.—Med. Record*, Dec. 16.

GALVANO-PUNCTURE OF THE PROSTATE.

The Cincinnati *Lancet and Clinic*, quoting from the *Berlin Klin. Woch.*, gives five cases as reported by Dr. Bredert (Hageman), principally of senile hypertrophies of the prostate, in which either one or both lobes of the gland were enlarged; and in all of these the catheterization was impossible, or could only be performed with great difficulty, by bending the instrument. In analogy with the employment of electrolysis upon other tumors, the doctor tried it in these cases with very good results in diminishing the size of the gland. He used for this purpose a needle electrode, insulated except at its point, which he pushed into the enlarged gland. This was connected with the negative pole, cathode, of the battery, while the positive was applied to the chest or abdomen. The diminution of the organ took place with astonishing rapidity. In one case this occurred after the third application.—*Chicago Med. Rev.*, Dec. 15.

TREATMENT OF SPERMATORRHEA.

In all classes of seminal incontinence, with rare exceptions, the remedies at the onset should be directed to overcoming the sensibility of the mucous membrane of the urethra, of the ejaculatory ducts, and of the seminal vesicles; to subduing the irritability of the muscles concerned in ejaculation; and to diminishing the reflex excitability of the genito-spinal center. Hence, they should be of a calming and sedative nature. By the ignorant and indiscriminate employment of strychnia, cantharides, phosphorus, damiana, and cold sitz baths, or effusions during the stage of hyperæsthesia, much harm is done, and the therapeutics of spermatorrhea are brought into disrepute.

Premising the statement that tonic should follow the sedative plan of treatment, the following is an outline as to the best management of the varieties of the affection:

Under all circumstances thirty grains of bromide of potassium along with about ten drops of the fluid extract of gelsemium (Bartholow) every eight hours, and one-sixteenth of a grain of sulphate of atropia (Rosenthal) on retiring are worth all the other internal remedies combined. In anæmic subjects the bromide may be administered at night, and quinine and iron be exhibited during the day: if the bromide be badly borne, it should be guarded, or its cumulative action must be prevented by promoting its excretion by the urine, combining it with a diuretic, as ten grains of nitrate or bitartrate of potassa (Rosenthal). This combination is far better than that with Fowler's solution (which is advised by Gowers and Bartholow), or it may be replaced by twenty grains of chloral. Not only does atropia diminish reflex mobility of the genito-spinal center, but the recent researches of Kenchel, Heidenhain and

Stricker and Spinner show that it paralyzes the movements of the cells of the acinous glands and checks their secretion, so that it cannot be dispensed with.—*College and Clinical Record*.

CIRCUMCISION.

Dr. SKILLERN, of Philadelphia, has invented a new forceps which has many advantages in circumcision, and the use of it is so simple that the operation can be performed rapidly and without assistance. The forceps are cross branched by pressure and self-closing. The blades are fenestrated through their entire length. The prepuce having been drawn well forward, the forceps are applied. A threaded needle is then passed through the fenestra and included prepuce making as many stitches as are necessary, but leaving the thread long and loose. The prepuce is then cut off close up to the forceps. The thread is divided both between each stitch and between the two edges of the prepuce, thus giving as many as may be desired. By drawing each of these together the mucous and skin surface can be accurately approximated.—*Can. Jour. Med. Sc., Dec.*

GOUTY TUMOR OF PENIS.

At a recent meeting of the Glasgow Medico-Chirurgical Society (*Glasgow Med. Jour.*), Dr. H. C. Cameron related a case in which there was a hard little tumor situated between the dorsal and right lateral aspects of the penis, about an inch from the pubes. It caused no pain except during erection, when there was always severe pain in the part, and the penis became distorted and bent at a sharp angle. He had seen one other similar case.—*M. and Surg. Rep., Jan. 13.*

SPASM OF CREMASTER.

Dr. BERGER describes spasm of the cremaster muscle, a complaint which he had opportunity to observe in two men (one 44 and the other 56 years old). In both cases the spasm occurred on the left side, lasting 2-3 minutes and recurred several times daily. In the one case a long course of Kissingen and Carlsbad water brought about remissions of several months duration. The second patient received decided benefit from the subcutaneous application of atropia and of galvanization (anode in the lumbar region over the spine, cathode over the scrotum).—*Med. and Surg. Rep., Jan. 20.*

CORROSIVE SUBLIMATE IN THE TREATMENT OF GONORRHOEA.

Dr. LEISTIKOW thinks he has confirmed by a series of experiments the discovery made by Neisser, of the presence of a special form of bacteria in gonorrhœal discharges. In the first stage of gonorrhœa, when the discharge is thick and abundant, but few of the bacteria can be seen. They exist, however, in the thin and scanty secretion of the later stages, sometimes even when the disease has existed over a year. In the treatment of gonorrhœa the author employs an injection of corrosive sublimate, which Koch has found most fatal to the various forms of bacteria. He uses a solution of one part to 20,000, one in 10,000 being found to be too irritating. In private practice a still weaker solution of one part to 30,000 is employed. The injections are made three times a day, and should be continued for three or four days after all discharge has ceased. The bacteria disappear or are greatly diminished in number, after one day's use of the injections, but return again if the latter are discontinued too soon. Treatment by injections should not begin until after the acute inflammation has subsided.—*Deutsche Medical Zeitung.—Toledo Med. Jour., Jan.*

USE OF CONDOM IN GONORRHOEA.

Several years since, one of my patients, suffering with gonorrhœa, complained to me of the annoyance caused by the discharge. The idea of using

a condom immediately suggested itself to me, and I advised its use. At his next visit he expressed himself as being very much pleased with the treatment. Since that time I have frequently prescribed the same thing for other patients, much to their satisfaction. My plan is to cover the glans with a thin layer of disinfectant cotton, and then draw the condom over it. By this means undue pressure is avoided, perfect cleanliness obtained, and the movements of the limbs are not interfered with, as would be the case with a cumbersome bandage.—*Dr. C. H. Chalkley, Southern Clinic, Dec.*

PHIMOSIS.—REFLEX EFFECTS.

J. H. POOLEY, M. D., Columbus, O., Professor of surgery, writes: Some years ago I was consulted with regard to a child about a year old, who presented some curious nervous symptoms. He was a large, finely developed boy, and until three months or so before my seeing him had always been in perfect health.

His condition was one of a localized chorea, manifesting itself in constant convulsive movements of the head. They were nodding or antero-posterior movements, alternating with lateral or shaking and twisting motions. By the time I saw the patient these convulsive movements had become almost constant during his waking hours, there was no grimace or distortion of the features, no choreic movements of the extremities, indeed, the whole affection consisted in the nodding and shaking movements of the head referred to. These were almost incessant, sometimes slow and almost rythmical, then for a minute or two rapid and irregular, seeming to fatigue the little fellow, and accompanied by a fretful, whimpering cry.

The child had been subjected to a variety of treatment, but without any benefit or effect of any kind. Upon the most careful examination of the patient and his history and antecedent, I could not discover anything that seemed to throw any light upon the case, except a condition of well marked phimosis. Acting upon this, I immediately circumcised him, and from the very day of the operation, the spasmodic action began to diminish, and in two weeks he was entirely well, without any other treatment of any kind. There has been no return.—*Toledo M. and S. Jour., Jan.*

SYPHILITIC AFFECTIONS.

DIAGNOSIS OF SYPHILIDES.

The diagnosis of syphilides is not at all times an easy matter, and any contribution to the literature of the subject will always be acceptable. Dr. Mauriac, physician to the Hôpital du Midi, the well-known hospital for venereal affections in the male, delivered a very interesting lecture on the subject which may be summarized as follows:

In giving a description of the topography of syphilides, Dr. Mauriac observed that their distribution on the different regions of the body presents certain peculiarities which are not found in other affections of the skin. Erythematous syphilide is found principally on the trunk and flanks, on the inner parts of the limbs, and on the flexor more than on the exterior aspect. The papular form has its seat of predilection on the face, the alæ of the nose, and on the forehead at the roots of the hair, the upper part of the neck, the trunk and on the limbs in all directions. The scaly forms, with all their varieties, invade principally the palms of the hands and the soles of the feet. Pustular syphilides, superficial or impetiginous, affect the scalp, the beard, and, in general, the regions covered with hair. Ecthyma and rupia attack by preference the limbs, principally the lower limbs. As for tubercular eruptions, they are disseminated all over the body. Thus it may be seen, that syphilitic eruptions may affect the entire cutaneous covering of the body. There are, however, some parts of it which would seem to form exceptions

to this rule, such as, for instance, the clavicular and sternal regions, where simple and parasitic eruptions are so common. The same may be said of the back of the hand, and this remark is particularly applicable to the exanthemata. Papulo-squamous eruptions are never seen on the limbs on the extensor surface, at least systematically, as is the case with one of the most common and most typical of non-syphilitic eruptions, psoriasis. The natural orifices, the commissures of the lips, isthmus of the fauces, orifices of the nostrils, the vulva, and anus, are the seat of predilection of the earlier syphilitic eruptions, and, among others, mucous patches are there particularly noticed. The circular forms of simple erythema may be found on all parts of the body; whereas, the same forms of erythemato-papulous syphilides affect by preference the chin, cheeks, forehead, the neighborhood of the anterior and internal parts of the limbs, and the buttocks. The syphilides appearing later and affecting the tissues deeply are generally situated on the nose, lips, scalp, the sternal and clavicular regions, the buttocks, and more frequently on the legs near the joints than on the thighs.—*Lancet*.—*Med. News*, Dec. 9.

SYPHILITIC ENLARGEMENT OF TONSILS.

An abstract of the conclusions of Dr. PAUL HAMONIC is to be found in the *Deutsche Med. Zeitung*, No. 45. Hamonic distinguishes, during the secondary stage of syphilis—1. *Simple hypertrophy*, which is analogous to the swelling of lymphatic glands, is tardy in its development, and, as it occasions no symptoms, is often overlooked. Both tonsils are almost always affected, though to a different degree. The enlargement takes place forward, bulging the anterior pillar of the fauces, and rarely gives rise to deafness. The tonsils are hard and somewhat elastic. The normal depressions on their surfaces are exaggerated. The uvula tends to go over to the larger tonsil. Sometimes the tonsil may be reduced in size by anti-syphilitic treatment. 2. *Hypertrophy associated with angina*. In this there is not so much fever as in ordinary acute angina: the duration is variable, and relapses are very liable to happen. 3. *Hypertrophy complicated with syphilides*. Most frequently the syphilide appears on the tonsil and the anterior pillar of the fauces. When syphilis affects a previously scrofulous tonsil the enlargement is very great, of pale color, often spongy and with large crypts, there is considerable pain, the voice becomes nasal, and the hearing, taste and smell are altered. The course is generally chronic, and there is a great tendency to recurrence. Ordinary tonsillitis and sore throat may supervene even when the tonsils are syphilitically enlarged. But then, though peritonsillar suppuration may occur, it would appear that the tonsil itself never suppurates. Hamonic states that there is no objection to excision of the syphilitic tonsils if they be very large.—*Med. Times and Gaz.*—*Med. News*, Jan. 6.

HÆMATEMESIS DUE TO VISCERAL SYPHILIS.

A butcher, æt. 39, had become very anæmic in consequence of vomiting blood and loss of blood by the bowels. Dr. A. Hiller (*Monatschr. f. Prakt. Dermat.*, July, 1883), who attended the case, made the following diagnosis: There was a history of syphilitic infection, sixteen years ago; many characteristic and partly recent cicatrices were found on the gums, a characteristic ulcer on the septum of the nose; further, there was present a mild icterus, enlargement and sensitiveness of the liver, hypertrophy of the spleen without ascites, no fever, absence of any symptoms or signs denoting a gastric lesion; basing his opinion upon these, he came to the conclusion that it was a case of syphilitic disease of the liver, probably in the form of a syphilitic cicatricial constriction, and in consequence of the later, an obstruction to the circulation of the portal system, but not of sufficient degree to cause watery effusion. The blood evidently came from peripheral branches of the portal vein in the stomach and the beginning of the small intestines, and probably caused immediately by bodily overstrain and overfilling of the stomach.

The patient was first placed upon styptics, and then an anti-syphilitic treatment instituted. The success of the latter was so remarkable that before the

lapse of a month the patient had lost all symptoms and signs of his former malady, was strong, stout, and even plethoric, and felt so well that he could not be induced to await a perfect cure in the hospital, but left.—*Med. and Surg. Rep.*, Jan. 20.

CHANCROIDS.—IODOFORM, LOCALLY.

In relating his experience in the Lock Wards of the Edinburgh Royal Infirmary, Mr. A. G. Miller says that his treatment of chancroids has been modified very much, and latterly simplified, and also, he is sure, much improved, since the introduction of iodoform as a remedy. He used to cauterize these sores, especially when phagedænic, destroying them with caustic potash or chloride of zinc. Now he simply dusts them with iodoform powder and keeps them dry, and they invariably heal up in a few days.

Iodoform is especially useful in the female on account of its power of diffusing itself and penetrating into corners. Formerly, with the caustic treatment, he was never certain that he had destroyed all the sores, and knew that if one was left the chancroidal action would reproduce itself. Now he can be perfectly certain that if he puts on the iodoform freely the disease will be thoroughly checked. The action of iodoform on phagedænic sores is even more remarkable than on ordinary chancroids. His experience is that twenty-four hours, or at most forty-eight, are quite sufficient to establish a healthy action in the sores. He uses the iodoform pure, the crystals being pounded to a fine dust, which is blown on to the parts affected by means of an instrument consisting of a wooden tube, widened out at the centre, where the powder is placed and then blown out at the nozzle by pressure (with the thumb) on the India-rubber ball placed at the other extremity. When the labia are held aside by means of Dr. Henderson's forceps in the hands of an assistant, the surgeon can blow any quantity of the powder that may be necessary directly on the affected parts, and as these are always damp, a sufficient quantity of the iodoform adheres to destroy the septic action of the sores. If all the sores are not reached at first, a second or third application may be necessary. Generally there was sufficient dusted on to act on all the sores, even those that were out of sight.

Chancroids on a syphilitic person run an ordinary course, but are apt to be followed by condylomata.—*Edinburgh Med. Jour.*—*Med. News*, Dec. 2.

DIAGNOSIS OF PULMONARY SYPHILIS.

In the *Wiener Medizinische Wochenschrift*, No. 46, an abstract of an alleged case of pulmonary syphilis may be found recorded by Dr. Guntz. The previous history of the man showed that two years after infection an eruption appeared on the skin, and a year later cutaneous ulceration was noted; five years after infection the lung trouble was first noticed. The left lower lobe was affected with a circumscribed infiltration, the symptoms being cough and shivering. The dulness to percussion had not disappeared after a period of eighteen months' good general health, at the end of which the patient began to spit blood. This was soon followed by an increase in the size of the infiltrated area. For six days the expectoration consisted of chocolate-brown lumps; later, muco-purulent sputa were brought up. The pulse was 90; the breathing 26 to 32 per minute; but there was no fever. The physical signs underwent no appreciable change; there were dulness and pectoriloquy with some râles. The sputa were hardened in alcohol, and had become tough and membranous—some, nevertheless, were lighter than water. The microscope revealed a fibrillated stroma, with finely granular debris, old and young cells and nuclei, here irregularly scattered, there arranged in groups. No pulmonary tissue or vessels were detected. Some sputa were sent to Lancereaux, who also regarded the microscopic elements as of a gummatous nature.—*Med. Times and Gaz.*—*Med. News*, Jan. 6.

SYPHILITIC POLYURIA.

There is, according to Prof. SEMMOLA, of Naples, a form of cerebral syphilis which may be the cause of polyuria.

The *Revista de Ciencias Médicas* of Barcelona speaks of three cases already reported by the doctor in favor of his opinion. In one of those cases (the most characteristic of all) the patient used to void forty-three pints of urine in twenty-four hours, with a specific gravity varying between 1001 and 1005. He had seen several physicians, but, feeling no relief from their treatment, he finally consulted Prof. Semmola, who found out that the man was affected with a chronic syphilis, to which he attributed the cause of his disease; very probably some syphilitic lymph or deposit was locally effused into the walls of the fourth ventricle of the brain, and so had pathologically reproduced the celebrated physiological experiment of Claude Bernard—that is, to produce polyuria and sugar in the urine of dogs by simply puncturing with a needle the floor of the fourth ventricle. Based upon this diagnosis, the patient was submitted to a general antisiphilitic treatment, which consisted in hypodermic injections of albuminate of mercury and the long-continued use of iodide of potassium. In two months he was perfectly cured.—*New Orleans Med. and Surg. Jour.*

BRAIN SYPHILIS.

Dr. BRANDIES presented recently to the New York Society of German Physicians (*New York Med. Jour.*), a young man who had contracted a chancre six years previously. He presented undoubted evidences of having had secondary syphilis. About six months since he had an epileptic seizure, and subsequently two more such attacks. The patient complains of deafness and vertigo. On examination both ears were found affected with otitis media. In walking a lack of co-ordination of movements was noticeable. Great improvement has taken place under the use of iodide of potassium. The hearing became much better, and the patient could walk for some distance with closed eyes. Dr. Jacoby believed this to be a case of brain syphilis, and he was inclined to locate the lesion in the rhomboid fossa, near the exit of the acoustic nerve.—*Med. and Surg. Rep., Dec. 2.*

SYPHILITIC NECROSIS OF TURBINATED BONE.—OZÆNA.

Clinic of Prof. COHEN, Philadelphia.

This next patient has a piece of dead bone, which is loose, in the left nostril. He had syphilis ten years ago, and now has ozæna. It is impossible for the attendant inflammation and discharge to get well as long as irritation is kept up by dead bone. In removing this you should not use much force; a little traction every day will gradually loosen it entirely. If you use force you may produce erysipelas, which is especially dangerous here, as it might travel along the vessels into the brain and cause meningitis. I have succeeded in removing a piece of the dead bone, but there is more remaining. Medication is not of much use until you remove the bone, but he has been placed upon the usual anti-syphilitic treatment of iodide of potassium and bichloride of mercury. The fetor can be overcome by solutions of permanganate of potash, chlorinated water, etc.; and the part should be kept clean by the frequent use of the douche or spray. In its early stage it may often be prevented by the influence of the specific treatment.—*Col. and Clin. Rec., Jan. 15.*

BONE GUMMATA.

From careful investigations made by Dr. CHIARI, in Vienna, we learn, that in syphilis, *gummata* in the *marrow* of the bones happen far more frequently than has generally been believed to be the case. They rarely appear on the surface, and are, therefore, seldom recognized. We are well aware that the osteocopic pains, when they are not due to periosteal affections, have not

found any explanation as yet. From the results of the post-mortem examinations by Chiari, we draw the conclusion, that in all such cases we have to do with such gummata in the marrow of the bones. The remarkable influence of iodide of potassium on all gummatous formations would also explain its rapid beneficial action in such obscure osteocopic pains.—*Med. and Surg. Rep.*

PYROGALLIC ACID IN TREATMENT OF VENEREAL ULCERS.

Pyrogallic acid, recently introduced by Dr. JARISCH, of Vienna, has been used with success in the treatment of venereal ulcers, by M. Vidal, at the St. Louis Hospital, and M. Terillon, at Lourcine. The following unguent is employed at Lourcine:

℞. Acid pyrogallic, 3 x; amyli, 3 x; vaseline, ℥ iv. M.

This unguent should be fresh and well guarded in a glass-stoppered bottle.

As fatty dressings to venereal ulcers are often inconvenient, M. Terillon recommends the following composition:

℞. Acid pyrogallic, ℥ j; amyli, ℥ j. M.

This may be directly applied to the ulcers.

These applications, made daily, notably abridge the duration of treatment.—*Med. and Surg. Rep.*

SUBCUTANEOUS INJECTIONS OF IODOFORM IN SYPHILIS.

A solution of iodoform (6 pts.) in glycerin (20 pts.), of which from 30 to 75 centigrammes are used (gradually increasing) each time, is recommended by E. Thoman for hypodermic injection in intense syphilis. After six to twelve injections he always noticed a great amelioration in the symptoms.—*Bull. de Thér.—Med. Times.*

DANGEROUS KISSING.

Dr. PAYNE, in the *North Carolina Medical Journal*, strongly condemns kissing, from its liability to propagate disease, and cites the case of a young man in the secondary stage of syphilis, conveying the disease, by kissing, to a child sixteen months old, the child in turn giving it to the mother.—*Obst. Gaz.*

SECONDARY SYPHILIS.—DONOVAN'S TRIPLE SOLUTION.

Is useful in secondary syphilis, psoriasis, etc.:

℞. Liq. hydriodatis arsenici et hydrarg., ℥ xxx; tinct. zingiberis, 3 i; aquæ, ℥ i. M.

Make a draught to be taken twice a day directly after meals.—*New Eng. Med. Mo., Jan.*

ANTAGONISM BETWEEN SYPHILIS AND VACCINIA.

In the *Gazette Hebdomadaire*, M. POLIN, a public vaccinator in one of the military districts, states that in nearly every instance in which a child suffers from hereditary syphilis, vaccination will fail.—*Med. News.*

CONDYLOMATA.—HYDRG. AND ACID BORAC.

The following powder is recommended as a specific for the removal of condylomata:

℞. Hydrarg. chlorid. mit., 3 i; acid. borac., gr. x. Ft. pulv.—*Med. Times, Jan. 18.*

AFFECTIONS OF THE EYE.

SERPIGINOUS ULCER OF THE CORNEA.

VERDÈSE (*Arch. d'Ophtal.*), presents a somewhat novel view of the origin of this form of ulcer. He supposes an obstruction in the course of the tears, or a simple diminution in the force of the current, which becomes insufficient to carry along with it or to retard septic substances which may be engaged in the inferior orifice of the nasal canal, either spontaneously or by the patient blowing his nose; and these septic substances, *leptothrix buccalis* or *aspergillus*, will penetrate into the lachrymal canals, and, being in an excellent state for cultivation, multiply, and only await the proper moment for manifesting their necrotic action. He considers that the serpiginous form of ulceration is due entirely to the infection by micro-organisms which thus find a nidus of cultivation in the altered conditions of the lachrymal canals. He says that in the majority of cases the simple lachrymation proceeds the corneal complications. These serpiginous germs may infect slight corneal desquamations, which were possibly produced by the obstruction to the course of the tears. He recommends the injection of intact lachrymal puncta with a four-per-cent. solution of boracic acid as the best prophylaxis against simple ulcers as well as the serpiginous. When such an ulcer appears he scrapes roughly its entire surface with a narrow cataract knife, and endeavors to produce an actual resection of the pultaceous margin, especially on the side where the destructive action seems to be going on. As the necrotic elements are detached, an assistant brushes over the cornea with a solution of salicylic acid and borate of sodium, each one gramme to ten grammes of water. Then the lachrymal punctum is opened, the point of an Anel's syringe introduced, and a series of injections made with a four-per-cent. solution of boracic acid. The conjunctival cul-de-sac is then carefully cleansed with carbolyzed cotton, and the solution of salicylic acid and borate of sodium again spread over the cornea. The eye is then covered with carbolyzed cotton. This dressing should be done twice a day. Bowman's operation may be done upon the lachrymal passages if deemed advisable.—*N. Y. Med. Jour.*, Jan. 6.

SHEPHERDS' OPHTHALMIA.--OIL JUNIPER.

Dr. EDUARDO MAÑEZ describes three cases of conjunctivitis, caused by the presence of the larvæ of the *musca carnaria*, observed by him in shepherds. The first symptom noticed was that of a foreign body in the eye, accompanied by a pain like the pricking of pins, referred to the oculo-palpebral fold of the conjunctiva. Then followed lachrymation, agglutination of the eyelashes, swelling of the lids, and injection of the conjunctiva. Small whitish worms, moving about with great rapidity, could be seen in the eye. If these could be extracted in the beginning, the conjunctivitis subsided without further treatment; but later their removal was difficult on account of the tumefaction of the lids. After a trial of various remedies in a similar conjunctivitis excited in rabbits, the author found that the best was the essential oil of juniper. This, when dropped into the eye, caused the death of the worms in a few minutes, and the conjunctivitis then disappeared under the ordinary treatment.—*Revista de Med. y Cir. Práct.*—*Med. Record*, Dec. 16.

MELANOTIC SARCOMA OF ORBIT, WITH METASTASIS TO LIVER, ETC.

Presented by Dr. Shakespeare to the Path. Soc., Phila.

The patient was an elderly woman, who had been operated upon by Dr. Heyl, at the Episcopal Hospital, some six months before death, the whole contents of the orbit having been then thoroughly removed. Recurrence took place, the cavity being filled with a black, fungating mass; the left nostril gave vent to

a blackish discharge, and the various internal organs became involved, notably the liver. Death took place from exhaustion. Most of the metastases are entirely melanotic, but some in the liver show, at their periphery a distinct, whitish zone. Dr. Shakespeare remarked upon the singular fact that orbital growths were usually melanotic, although they might not spring from the choroid coat of the eye, as in this case, where all pigmental structures had been removed many months ago.—*Med. and Surg. Rep.*, Dec. 16.

RELATION BETWEEN CERTAIN EYE DISEASES AND AFFECTIONS OF THE FEMALE GENERATIVE ORGANS.

The frequent occurrence of diseases of the eye during the progress of various disorders of the female generative apparatus has been noted by Dr. Rempoldi (*Journal de Médecine de Paris*, November 4, 1882). Among the menstrual disorders which may be accompanied by conjunctivitis, simple or phlyctenular keratitis and iritis, the author mentions especially amenorrhœa. But suppression of the menses from various causes may also be attended by affections of the choroid, by optic neuritis, retinitis, and glaucoma. In the course of inflammatory diseases of the sexual organs are frequently observed iritis and scleritis with trigeminal neuralgia. During pregnancy and lactation, Dr. Rempoldi has observed conjunctivitis and pannus. Among the diseases appearing toward the cessation of lactation, are noted corneal ulcerations, retinal hyperæsthesia, disturbances of accommodation, photophobia, and retinitis. The author includes hysteria in the list of sexual disorders, and mentions asthenopia with retinal hyperæsthesia, and ptosis with retinal anæsthesia, as having been observed at different times in hysterical subjects. Finally, he notices the ocular disturbances dependent upon the albuminuria of pregnancy, and amblyopia consecutive to uterine hemorrhages.—*Med. Record*, Jan. 6.

EYE DISEASES DEPENDENT UPON SUPPRESSION OF MENSES.

In the *American Journal of Medical Sciences*, Dr. R. J. McKAY reports twelve cases in which suppression of the menses was accompanied by disturbance of vision. Cases of this kind demand prompt recognition as to their etiology (before vision is too much impaired by the internal eye disease) in order that they may be successfully treated and relieved. Partial loss of vision, and inability to use the eyes in young healthy looking females, without external eye disease, always suggests to his mind the probabilities of menstrual disturbance, and he makes it a rule to at once inquire about the matter.

Young school-girls often manifest asthenopia (weak and painful sight) about the time their menses are being established, and especially if their menses become irregular from any cause, which may produce partial or complete suppression for an indefinite time. Sometimes they manifest decided congestion of optic papillæ and retinæ, and others no internal eye lesion, with exception of strain of their accommodation. This is common to all such cases, for they have some refractive deformity of their eyes. The latter sooner or later causes the muscles of accommodation to rebel from their over-taxing and too continuous work.—*Medical Record*.

NYSTAGMUS AND HEMERALOPIA IN MINERS.

DRANSART (*Ann. d'oculistique*, Sept.-Oct., 1882,) 'comes to the following conclusions as regards the etiology and prognosis of nystagmus and hemeralopia occurring in miners: 1. The nystagmus of miners is a simple paresis of the levator muscles and nerves of the eyes, produced by fatigue in these levators as a consequence of work in veins but slightly elevated and in low galleries; and is independant of a central lesion of the nervous system, as well as of any error of refraction. The general atony, anæmia, and faulty illumination are secondarily important factors, but not essential to the pro-

duction of nystagmus in miners. 2. There exists in miners a hemeralopia closely connected with the nystagmus, but which may exist independantly of this affection. 3. The nystagmus of miners is a curable disease, and should not be considered as a reason for exemption from military service.—*N. Y. Med. Jour.*, Jan. 13.

EMBOLISM OF THE CENTRAL ARTERY OF THE RETINA.— ELECTRICITY.

BENSON (" *Roy. Lond. Ophth. Hosp. Rep.*," x, 3,) reports a case of embolism of the central artery of the retina, occurring in a healthy person in whom no cause could be discovered. There was a complication in the shape of a cilio-retinal vessel. The line of demarkation between the œdematous retina round the macula and the normal patch to its inner side was extraordinarily sharply defined. The fatty changes in the retina occurred, with great rapidity, in less than three days. The circulation was eventually completely re-established, and the vision was rapidly restored by the use of electricity. Subsequently well-marked small round or oval white patches appeared in the region of the yellow spot and in the extreme periphery.—*N. Y. Med. Jour.*, Jan. 6.

NASAL NERVE STRETCHING IN CILIARY PAIN.

Dr. BADALL (*Journal de Med. de Bour*) reports the case of a patient who had marked pain in the globe of the eye, which refused to yield to any treatment. The pain was neuralgic in character and provoked by compression of the ciliary nerves following traumatism. The nasal nerve, being a branch of the trigeminus, which furnishes a sensory root to the ophthalmic ganglion, whence are derived the ciliary nerves, was stretched with a result of completely removing the pain. The second case was that of a patient who, after ocular traumatism, was attacked by keratitis with hypopion and secondary atrophy of the anterior hemisphere, followed by an iridocyclitis. Before attempting enucleation, Dr. Badal stretched the nasal nerve, which was found to be very thin. The lancinating pains in the eye of which the patient had complained, disappeared.—*Chicago Med. Rev.*, Jan. 1.

SYPHILITIC AFFECTIONS OF THE EYELIDS.

Dr. THEODORE WIETHE contributes three cases of lid-syphilis under as many forms, viz.: 1. Initial sclerosis of the lower lid, 2. Ulcerated papule of the upper lid. 3. Gumma of the lower lid. He introduces the statistics of Zeissl, who, among 40,000 cases of syphilis, saw only eight of affections of the lid, and remarks that the oculist meets with but one undoubted case of syphilis of the lid in 10,000 eye patients. A lengthy description of each case is given, with references by comparison to the cases of Arlt, Hirschler, Desmarres, and Galezowski. Treatment consisted of iodide of potash, inunctions of mercury and iodoform locally: recovery followed in each case. It is worthy of note here, that the microscopical examination of a section of the gumma taken from its groundwork gave swollen fibrillæ of connective tissue.—*Arch. of Dermatol.*—*Med. News*, Dec. 2.

DIPHTHERITIC OPHTHALMIA AND ITS TREATMENT.

BARETTE (" *Arch. d'Ophthalmologie*,") calls attention to two facts not hitherto mentioned—loss of the eyelashes, and paralysis of the lid. In the patients examined by him the ciliary bulbs were so altered by the disease that most of the cilia were lost, and were not reproduced. The only rational treatment consists in exciting in the mucous membrane a state of inflammatory congestion favorable to the elimination of neoplastic products and to the production of healthy pus, or, in other words, a purulent conjunctivitis; and then treating this purulent inflammation by the ordinary means in use. He

removes false membranes, employs antiseptic lotions, and applies constantly *hot fomentations*. As an antiseptic lotion he employs either Labarraque's solution, or a solution of carbolic acid of five per cent.—*N. Y. Med. Jour.*, Jan. 6.

TOBACCO AMBLYOPIA.

KRONDIJEM (*Recueil d'Ophthal.*) records three cases, two in females, in one of whom the patient was already color-blind for red and green. The first case was a sailor, æt. 36, who had smoked eight to ten pipes daily but who did not indulge in alcohol. Only treatment, abstinence from tobacco, and this within twelve days brought vision up to normal. The second case was in a woman, æt. 51, who both smoked and chewed on account of cough. Treatment, abstinence and electricity. Amelioration was here spread over a month. The third case was also a woman who had smoked three pipes of strong tobacco daily for some years. In both eyes there was a scotoma; with the right neither red nor green could be distinguished, but only blue; in the left none of the three. The author believes these are the only two cases on record of tobacco amblyopia in females.—*Lond. Med. Record.*—*Md. Med. Jour.*

NEW METHOD OF TREATMENT OF THE LACHRYMAL PASSAGES BY MEANS OF A DILATOR.

GALEZOWSKI (*"Recueil d'Ophthal."*) recommends the introduction into the nasal canal of a special dilator, not larger than a No. 4 Bowman probe, to the bottom of the duct, and then withdraw it slowly, at the same time pressing upon a second blade, which separates the sound in two to such an extent that its volume corresponds to a No. 10 or 12 probe. This dilatation scarcely draws a drop of blood, and is relatively but little painful. This is repeated every five or six days, and this treatment rarely requires to be prolonged beyond a month or six weeks.—*N. Y. Med. Jour.*, Jan. 6.

OSTEOMA OF THE CONJUNCTIVA.

A case of osteoma of the conjunctiva is reported by Dr. E. G. LORING in the *New York Medical Journal*, Jan. 6. The weight of the mass was, after removal, 45 milligrammes; length, 8 millimeters; width, 5.5 millimeters; height, 2.5 millimeters. It was oval in shape, with the long diameter in the horizontal meridian of the eye. It was convex above and concave below where it rested upon the sclera. The bony growth is enveloped in a thin fibrous capsule. The growth is found to consist of true bone.—*Louv. Med. News*, Dec. 30.

TRAUMATIC OPHTHALMOPLEGIA.

Dr. GRUENING recently presented to the New York Society of German Physicians a man who, after receiving a sharp blow on the left eye, became blind. The lids were discolored, upper lid paralyzed, bulb immovable, so that there was paralysis of the motor oculi, abducens, trochlearis and optic nerves. The pupil was stationary and large. The diagnosis was, fracture of the base of the orbital pyramid, with rupture of the optic nerve and compression of all the nerves passing through the superior orbital fissure. Iodide of potassium, with hypodermic injections of strychnia and faradization constituted the treatment. At the present time the bulb could be moved slightly in all directions. Fracture of the orbital pyramid is usually followed by atrophy of the optic disc.—*N. Y. Med. Jour.*

AFFECTIONS OF THE EAR.

ELASTIC COLLODION IN EAR SURGERY.

Mr. TOYNBEE, *Canada Medical and Surgical Journal*, is said to have been the first to make an artificial membrana tympani. It was a thin India-rubber disc to facilitate its introduction. It was, at best, a mere shield to the

tympanic cavity. Discs of paper, pellets of cotton, have been used. Dr. S. Pollack, in the *St. Louis Medical and Surgical Journal*, sums up the different steps in the uses of collodion to form an artificial membrana tympani, as follows: Some fluid, preferably tannin, dissolved in glycerine, must first be instilled in the ear. The quantity of tannin and collodion must not exceed three drops each. A large quantity of tannin is too heavy and too bulky for a thin film of collodion to resist; a larger quantity of collodion will not spread evenly, solidifies slowly, and will be too thick for vibration. The interposition of a fluid between the membrana tympani and the drum is indispensable in order to enable the membrana tympani to vibrate. The head must be on a perfect level while solidification is going on. Any deviation from it will make the artificial membrane of unequal thickness, rupture easily, and vibrate badly.—*Chicago Med. Rev.*, Dec. 1.

DILUTE MINERAL ACIDS IN THE TREATMENT OF CARIES, NECROSIS, AND EXOSTOSES OF THE EAR.

PRITCHARD (*"Brit. Med. Jour.,"* Oct. 21, 1882) speaks highly of the efficacy of dilute mineral acids, preferably nitric acid, in cases of subacute and chronic inflammation of the bone with caries or necrosis of the walls of the external auditory canal, tympanum, or internal ear, and also of the mastoid process. The acid seems to dissolve the dead particles of bone and induce a healthy action. Should there be a piece of necrosed bone, more or less loose, but not free enough to be removed at once, the acid injections will be found valuable. The necrosed bone is in a position to be readily decalcified by the acid; and when the piece is thus softened, it can easily be removed by forceps, or, as frequently happens, it is unconsciously syringed out by the patient. The strength of the acid solution should be from one-fourth to one-half per cent. of the pure nitric acid, to which a little carbolic acid is to be added to render the solution more thoroughly antiseptic. The ear is to be syringed with this solution, warm, two or three times a day. In mastoid diseases, where a sinus back of the auricle exists, or an incision has been made, this wound or sinus should be syringed two or three times a day; and if there is any communication through the bone between the sinus and the tympanic cavity or canal, as often happens, the acid solution should, if possible, be syringed through from canal to wound, and from wound to canal.

In the case of exostoses, which either partially or completely block the external auditory canal, and which are complicated with suppurative disease, caries, or necrosis, the removal or partial removal, of the bony obstruction is imperative; and here the acid solution may be of great value, either alone or as an adjuvant to the operation of drilling. He gives a number of cases in detail, showing the advantages of this method of treatment.—*N. Y. Med. Jour.*, Jan. 13.

DEAFNESS RESULTING FROM DIPHTHERIA AND ITS TREATMENT.

Abstract of a paper by LAURENCE TURNBULL, M.D., Aural Surgeon, Jefferson Medical College:—

In a paper read before the American Medical Association, at its last meeting, entitled, "Diphtheria a Cause of Deafness, not only in School Children, but also in Adults," some practical observations are made.

As regards predisposition, pharyngeal catarrh increases the liability to diphtheria, as well as favors this complication; and it is more likely to terminate unfavorably in patients with strumous or syphilitic antecedents. In the treatment of diphtheritic deafness local agents and galvanic currents were used with marked success. His method was the introduction of the intra-tympanic catheter into the Eustachian tubes by means of a platina wire tipped with a copper ball. He stated that it is of great importance to watch carefully diphtheria in young children, as at about the termination of an attack

the inflammation may pass into the external meatus, or by means of the throat, into the Eustachian tubes or mastoid cells. This diphtheritic inflammation is sometimes fatal, and often impairs the delicate arrangements of the middle ear, more especially in syphilitic or scrofulous children, and even in those of apparently good sound health, unless promptly treated. In his examination of school children he found a large number deaf from this cause. — *Col. and Clin. Record*, Jun.

TOPICAL APPLICATION OF ALCOHOL.

In cases of polypous growths or granulations in the meatus of the ear, in the cavity or on membrane of the tympanum, Politzer recommends alcohol very highly. Before employing it, it is essential to force out the purulent secretion from the cavity of the tympanum by means of air forced in by the Politzer apparatus and by syringing with tepid water. He speaks of it in the highest terms, and cites some cases as proof of the great efficacy of alcohol as a means, not only of removing these growths, but also of preventing their reappearance after various caustic solutions have been used in vain for this purpose. He directs that the alcohol, moderately warmed, be poured into the ear by a spoon, and permitted to remain from ten to fifteen minutes. Generally it causes only a sense of warmth. If severe pain, with a burning sensation, is produced, it should be diluted with an equal part of distilled water. It has proved wonderfully serviceable in diffused growths from the mucous membrane of the middle ear. In some such cases it must be continued for weeks or months. — *Cin. Med. News*.

DILATATION OF THE EUSTACHIAN TUBE BY ELECTROLYSIS.

M. J. MERCIÉ has been applying with success, in the clinic of Dr. Désarènes, for the dilatation of strictures of the Eustachian tube, the method employed by Dr. Gorecki in the treatment of nasal and urethral strictures. The method consists in first introducing an ordinary Eustachian catheter and passing through it, while the patient pronounces the syllable *mi*, a fine bougie, and allowing it to remain in position five or ten minutes; this process is repeated until it has been found by inspection that the sound has reached the middle ear. When the tube has been dilated to this extent, the elastic sound is replaced by a flexible metal one connected with the negative pole of a weak battery, while a disk of metal connected with the positive pole is placed in the external auditory canal. This procedure is unaccompanied by any danger, if the current is weak and great care is observed in inserting the metal sound; and although it has not been very frequently employed, the success was such in those instances as to encourage its subsequent use. — *Rev. de Thérap.* — *Med. News*.

CHINOLINE SALICYLATE IN OTORRHOEA.

BURNETT (*Am. Jour. of Otol.*, Oct., 1882) has been continuing his observations upon the salicylate of chinoline in otorrhœa, as to its effects in checking the purulent discharges and destroying the offensive odor. He has found better results from mixing the pure powder with powdered boracic acid in the proportion of one drachm of the chinoline salicylate to one ounce of boracic acid. The ear should be cleansed by cotton on a swab, and then the powder should be insufflated. — *N. Y. Med. Jour.*, Jan. 13.

HOT WATER POULTICES FOR THE EAR.

Dr. STRAWBRIDGE poultices the external ear in the following ingenious manner: He lays the patient's head on the table and fills the external ear with as hot water as can be borne. Over the ear are applied towels soaked in very hot water, the surplus water being drained off by squeezing the soaked towels between dry ones. — *Med. Herald*, Dec.

HÆMATOMA AURIS.

Dr. BIAUTÈ (*Annales Medico-Psychologiques*) is of the opinion that hæmatoma auris results, in the majority of cases, not from traumatism, as has been claimed by Gudden, Griesinger, and others, but from trophic changes, the result of the patient's mental condition. He has found it very frequent among progressive paretics, epileptics, and recurrent maniacs. He has noted also ten cases in which traumatism produced ecchymosis of the ear, but not hæmatoma. He claims that the difference between the idiopathic and traumatic hæmatoma lies in the duration of the affection. The traumatic hæmatoma runs a rapid course, while the idiopathic hæmatoma requires rather a long period for its development. Baratoux (*Tribune Med.*) has shown that lesions of the restiform bodies may, as was claimed by Brown-Sequard, produce idiopathic hæmatoma.—*Chicago M. Rev.*, Dec. 15.

AUDIOMETERS.

BARATOUX (*Rev. mens. d'otol.*) describes a modification of Boudet's audiometer, which he thinks is an improvement. He preserves the rheostat and telephone in place, but suppresses the microphone and watch. In the place of the latter he has introduced an electric tuning-fork with a single coil. This tuning-fork is attached at one end to the pile, and at the other to a Boudet's coil. By means of the formula given by Boudet, he can measure the auditory acuity in ohms. To do this, it is necessary to first measure the resistance of all the apparatus employed. He employs the pile of Calland-Trouve.—*N. Y. Med. Jour.*, Jan. 13.

ABSCESS OF THE LOBULE OF THE EAR.

Dr. LUIGI G. DOANE says: C. L., aged 23 years, called at my office for advice and treatment during December, 1881. Mr. L. stated that while at work a gas retort burst, and a section of it struck him upon the ear and produced an abscess, which being opened gave vent to pus and blood, and the ear was dressed with iodoform, 3ss; unguenti simplicis, ʒj. Two days after patient was discharged.—*Druggists' Cir.*, Feb.

CHALKY DEPOSITS.—SALICYLATE OF SODA.

Dr. THEO. M. KENDALL writes to the *Lancet* that he derived most gratifying results in a case of severe chalk gout, from the use of a lotion of ten grains of salicylate of soda to the ounce. By its use, chalky deposits in the ear were softened, and in four days disappeared, leaving only a small scar.—*Med. and Surg. Rep.*

UNIQUE CAUSE OF RUPTURED TYMPANUM.

A case of ruptured membrana tympani is reported from Vienna, caused by an ardent lover kissing his inamorata in the ear.—*Boston M. and S. Jour.*, Jan. 18.

AFFECTIONS OF THE SKIN.

ABSORPTION BY THE SKIN.

At a recent meeting of the Académie, M. AUBERT read an important memoir on this subject, arriving at the following conclusions:
 1st. Substances dissolved in water may penetrate the epidermis without apparent external erosion. 2d. Nevertheless, the one condition essential to the accomplishment of this penetration appears to be an epidermic effraction about the hair follicles. 3d. In his experiments he has found that the penetration of dissolved substances takes place only over the regions covered

with hair. 4th. All conditions which induce traction on the hairs, such as friction, etc., favor absorption. 5th. Fine skin and a thin epidermis are rather unfavorable conditions, on account of the feeble hair development in these regions; the total absence of hair is also a very unfavorable condition as regards absorption. 6th. It is possible that a small proportion of any soluble substance may penetrate the epidermis, and this means of absorption may be utilized by baths or without. To bring about absorption it will be necessary, both before and during the time the substance is in contact with the skin, to make prolonged frictions with the palm of the hand over the cutaneous surface, especially over regions covered with hair. The only inconvenience attending such practice is very moderate inflammation and a slight degree of redness, generally localized at the points where the hairs emerge. 7th. The simple bath, without friction, even prolonged (for two hours in several cases), cannot be depended on to induce the absorption of the smallest particle of the substance in solution.—*Med. and Surg. Reporter*.

XANTHOMA TUBEROSUM.

At the meeting of the Pathological Society of London, held on November 7th, Mr. Malcolm Morris showed a living specimen of a very rare skin disease which he called xanthoma tuberosum. The patient was a married man, aged forty-eight, who was suffering from saccharine diabetes. There was no history of syphilis or rheumatism; no jaundice or evidence of disease of the liver. He complained of sleeping badly, and of dimness of sight, with occasional mists before his eyes. There was distinct anæsthesia of the soles. Heart weak; reflexes normal. The eruption appeared suddenly, first on the outer side of the thigh, then spreading to the trunk, to between the fingers, and on the mucous membrane of the mouth. It consisted of small, rounded, firm, pink tubercles, with depressed centres which had more of a fawn-color in the centre. Many of the papules had disappeared since the case first came under his care. With the patient's consent he removed one of the growths and examined it microscopically. This showed small nodules in the corium, with a delicate fibrous intercellular matrix; toward the centre the fibrous tissue became more compact and firm. The superficial epithelial cells were normal. There was no connection with any glandular structures, and the older papules contained no blood-vessels. In one place he found a collection of round cells about a vessel, and he suggested whether this might not be the real origin of the growths—the tissue ultimately contracting and so causing degeneration of the cells. This case differed from those of xanthelasma in many respects, chiefly in its association with diabetes and not with jaundice; the sudden onset of the rash, and its rather rapid disappearance, and in the fact that the eyelids were not implicated. But on the other hand it closely resembled two cases, one of which had been recorded by Drs. Gull and Addison, the other by Dr. Bristowe. The three cases were all in men; they all had diabetes, they all affected the same locality and avoided the same parts; in all the rash appeared suddenly and gradually, but rather rapidly disappeared. To these exceedingly rare cases the name of xanthoma tuberosum had been applied.—*Lancet*.—*Med. Record*, Dec. 16.

ERYSIPELAS.—TURPENTINE LOCALLY.

In the *Wiener Med. Presse*, Dr. HASTREITER recommends the treatment of erysipelas by painting with oil of turpentine, on the following grounds: 1. It can be employed on the most sensitive patients, does not require any skill, and can be applied by the patient himself as often as may be necessary, and the irritation produced by excessive friction is avoided. During its application the eyes should be protected by a pad. 2. When employed frequently enough this method is perfectly safe, and tends to produce a rapid cure. 3. Oil of turpentine can be procured everywhere. 4. All other dressings are unnecessary. 5. Internal antipyretic treatment is only rarely necessary; usually all that is necessary is to bathe the body with cold water and to make

use of cold applications to the head. 6. The inhalation of the vapor of turpentine can, perhaps, act as a preventive of the extension of the disease to the air-passages. 7. When employed at the outset of the disease it may abort the morbid process. 8. The oil of turpentine may also be employed in phlegmonous inflammation other than erysipelas.—*Med. Record, Dec. 9.*

ERYSIPELAS.—PICRIC ACID.

Dr. FLAMINIO TASSI, of Siena, has published a report of four cases of erysipelas, which rapidly yielded to a saturated aqueous solution of picric acid, applied morning and evening with a camel-hair brush.—*Med. and Surg. Rep., Jan. 20.*

TREATMENT OF CERTAIN SKIN DISEASES BY LINEAR SCARIFICATIONS.

AUBE (*Thèse de Paris, 1881,*) concludes:

1. Linear sacrifices constitute the best mode of treatment in tubercular lupus.

They are to be preferred to scraping, either alone or in conjunction with the former.

In erythematous lupus, sacrifices act with less promptitude, and in acneic lupus they are ineffectual unless carried deeply and combined with punctures.

2. Together with this means, internal medication should always be employed.

3. Sacrifications are seldom useful in the treatment of vascular nævi; yet it is well to give them a trial in such cases by operating on a small portion of the tumor.

4. They are more serviceable, when combined with epilation, in parasitic sycosis, with abscess of the derma, as also in non-parasitic sycosis (*impetigo sycosiformis*).

5. Greasy seborrhœa, so refractory under other treatment, is amenable to this.

6. In rosacea, sacrifices can only be relied on before the hypertrophy has become too far advanced.

7. Notwithstanding apparent counter-indications, this practice has been successfully employed in some cases of keloid.

8. Sacrifications probably act in several different ways—by substitution or revulsion, and also by obliterating a certain number of blood-vessels, so as to prolong the life of the healthy tissues, while those already becoming devitalized are disposed of by cutting off, even though but partially, their sources of supply.—*Jour. Cutaneous and Venereal Diseases.—Med. News.*

IODOFORM IN BURNS.

Dr. A. SELITSKY, in *Med. Vestnik*, gives a very detailed history of a complicated case of burns of every degree, aggravated by lacerated wounds, caused by a premature explosion of a charge of powder in a cannon. In this case he used sodium bicarbonate on some of the burns (of all three degrees), and iodoform in others (also of all degrees). This soda was used dry by aspersion; the iodoform in the following two forms:

(1) R. Iodoformi, 3 j; olei jecoris aselli (morrhæ), ʒ j. M.

(2) R. Iodoformi, 3 iij; vaseline, ʒ ij. M.

The old-fashioned carron oil was also used, in the following form:

(3) R. Amygdal. dulcis olei, aquæ calcis, aa ʒ ss; acidi carbolic, 3 ss. M.

In every degree of burn the iodoform proved itself far superior to the other remedies. It quickly relieved the pain, redness, and swelling of surrounding parts, drying and healing the wounds, whilst the carbonate of sodium produced a dirty gray, very painful and bleeding surface, which was the last to heal. The pains did not abate at all where the carbonate of

sodium was used, but continued for days, when the burns on which iodoform had been used were quite comfortable and healing favorably.—*Med. News*, Dec. 30.

NAPHTHOL IN SKIN DISEASES.

KAPOSI states that care should be observed in the use of naphthol in skin diseases to avoid surfaces denuded of epithelium, and never to apply it to the entire body. When these precautions are observed, the remedy is wholly without danger, and is of great value in many affections. In eczema it is indicated only in the squamous stage, when the diseased parts are but slightly hyperæmic or even pale. In scabies, one application of naphthol, combined with chalk, green soap, and lard, is usually sufficient for a cure. In the various forms of acne, good results follow the employment of naphthol. The remedy is of especial value in the parasitic affections of the skin, as herpes tonsurans and favus. Pediculi are quickly exterminated by a ten per cent. solution of naphthol in olive oil.—*Prager Med. Woch.*—*Med. Record*, Jan. 13.

ERGOT IN SKIN DISEASES.

Dr. HERTZMANN, of New York, recommends the use of ergot in skin diseases of a congestive character. In some cases of pruritis it acted like a charm.—*New Eng. Med. Mo.*, Jan.

PARASITIC AFFECTION OF A MUSTACHE.

Dr. GEORGE THIN records in the *Lancet* a curious case: A gentleman consulted him in regard to a bald strip which had occurred in his mustache. The strip was about a quarter of an inch broad. He directed the application of carbolic acid, 1 drachm; olive oil, 2½ oz.; lavender oil, 6 drops. This cured the affection in less than a month; but the singular part of the history is that the disease reappeared every November from 1875 to 1880, inclusive. Subsequently the carbolic acid was increased to 4 drachms, and always with the speedy cessation of the loss of hair.—*St. Louis Druggist*, Dec. 23.

TIN POISONING.

An English chemist who had been called upon to analyze several socks and stockings of a red color, which had been found to cause great irritation to the skin of the wearers, discovered the cause of the trouble in the tin salt used as a mordant in fixing the dye. He succeeded in obtaining over twenty-two grains of tin in the form of the dioxide. When acted upon by acid perspiration the tin oxide forms an exceedingly irritating compound.—*Amer. Med. Weekly*, Jan. 20.

RINGWORM OF THE SCALP.—OLEATE MERCURY.

Dr. ADLER SMITH recommends oleate of mercury with ung. petrolei (ten per cent.) in chronic cases of tinea of the hairy scalp. This causes less irritation than the ordinary preparation, and children bear it well, although if the cases are under seven years of age it may be found necessary to dilute it further.—*Br. Med. Jour.*—*Med. Times*.

BORACIC ACID FOR RINGWORM.

R. Acid. boracic, gr. xx.; alcoholis, f 3 j; ætheris, f 3 j. M.

Sig. To be forcibly rubbed into the affected parts of the scalp three times daily with a rag or moderately stiff brush. The head also to be thoroughly washed each morning with soap and hot water.—*Cavafy.*—*Med. Times*, Jan. 13.

EPHELIS.—SULPHO-CARB. ZINC.

This remedy containing about ten per cent. of its weight of sulpho-carbolate of zinc, has given excellent results in ephelis. According to the *Bul. Gen. de Ther.*, its use is not accompanied by the dangers attendant upon the use of corrosive sublimate, which is so commonly employed to remove freckles. The following formula is recommended: Take of sulpho-carbolate of zinc one part, of collodion forty-five parts, of oil of lemon one part, of absolute alcohol five parts. The sulpho-carbolate should be reduced to a fine powder and thoroughly admixed.—*Chicago Med. Rev.*, Dec. 1.

FRECKLES.—PEROXIDE OF HYDROGEN.

Applied twice or thrice daily, this substance will decolorize hair, it is said. If this be true, it may possess the same power over liver-spots, freckles, scar stains, and other chromatoses. The experiment should be tried, since these disfigurements are often sources of annoyance, and are but little amenable to any known treatment.—*Louv. Med. News*.

FRECKLES.—OINT. OLEATE COPPER.

Dr. J. V. SHOEMAKER, of Philadelphia, Pa., states that the careful application of a small piece of the ointment of the oleate of copper at night upon retiring will usually remove freckles. The oleate of copper ointment should be prepared by dissolving one drachm of the salt of oleate of copper in sufficient oleo-palmitic acid to make a soft ointment.—*Med. Summary*, Dec.

CYANIDE OF POTASSIUM IN SYCOSIS.

S. P. GUIBERSON, M.D., Santa Paula, Cal., writes as follows: I applied tr. ferri chlor. to a small inflamed spot on the cheek of a rather fastidious youth one evening, and next morning he came into my office requesting that I remove the stain left by the tr. iron, and it occurred to me that a slight application of cyanide potassium would do the business. I made a weak solution and applied with a soft sponge, which had the desired effect, and next morning the young gentleman came in and said that his fever was all right, which statement was correct. Then it occurred to me as I was treating a case of sycosis of about sixteen months' standing, and having tried everything, laid down in the works without effecting a cure, that I would try the cyanide of potassium and did so. After the third application I observed a very marked improvement, and in just three days after applying the first application the entire peculiar flush had disappeared, and the patient now, after two weeks' treatment with nothing else, is perfectly well.—*Therap. Gaz.*

WINTER ECZEMA.—SQUIBB'S FORMULA.

For the relief of winter eczema, a troublesome itching affection, Dr. Squibb's Ephemeris recommends the following: Take of tannic acid, forty grains, of glycerine and alcohol each half a fluidounce, water to make four ounces. This solution is applied to the itching surfaces by means of a small sponge or rag, morning and evening.—*Detroit Lancet*, Dec.

OIL OF PEPPERMINT IN ZOSTER.

Dr. MEREDITH says that he has found the oleum menthæ pip. more effective than any other form of anodyne application he has tried in allaying the neuralgic pains so often piteously complained of in cases of herpes zoster. He has painted the oil over the eruption when it was out in a fresh florid condition, and with great relief to the patient.—*Med. Record*, Dec. 2.

MIDWIFERY,

AND THE DISEASES OF WOMEN AND CHILDREN.

SUCCESSFUL MIDWIFERY.

The most successful results ever obtained in the Maternite Hospital (a mortality of only $\frac{1}{2}$ of one per cent.) have been reached in the new pavillion, of which M. Tarnier says: Each patient there has a separate room, entered from without, so that a nurse can only pass from one to another by going outside into the open air. The furniture is of japanned iron; the floors, walks, and ceilings of impermeable concrete. The mattresses and pillows are stuffed with cut chaff, which is burnt after use in every single case. For the McIntosh sheet is substituted one of brown paper, made impermeable by pitch; this is burnt after use. For the washing of the genitals weak solutions of bichloride of mercury are employed as being the best and most powerful germicide.—*Obst. Gaz.*

STATISTICS OF SYMPHYSIOTOMY.

Dr. ROBERT P. HARRIS publishes in the *American Journal of the Medical Sciences* for January, 1883, a careful analysis of the statistics of symphysiotomy, with comparative tables of the early and later cases, showing that the operation has been more frequently performed in Italy in the last seventeen years than in the previous eighty. In his first table, extending up to 1858, out of 70 cases there was a maternal mortality of 70 per cent., and a foetal mortality of 67 per cent. The second table begins with the resuscitation of this operation in Naples, in 1866, and as far as he has been able to learn, there have been 53 operations in that city, saving 43 women and 42 children. From a report of Professor Morisani, by whom most of these operations were performed, we learn that—

1. All of the fifty operations (in table 2) were performed upon rachitic subjects, whose pelves were generally flattened antero-posteriorly. In four or five instances the pelves were simply dwarfed in dimensions. There was no case of rostrate pelvis, as *Malacosteon* is very rarely met with in Naples.

2. Version was not resorted to except in the transverse positions. The forceps were applied in about one-fourth of the cases.

3. The separation at the pubes amounted to about 2 inches (50 mm.), which was obtained without any effort, and without producing any lesion of the sacro iliac synchondroses.

4. The immovable dressing secured the firm union of the symphysis pubis in all the cases that recovered.

5. The women had good health after the operation.

6. There were no malformed infants. Nearly all of the children were sent to the Foundling Hospital to be taken care of.

7. *Phlegmaria alba dolens* did not occur in any of the women.

8. There were no pelvic lesions left, as a sequel of the operation, with the exception of one case of iliac phlegmon.

9. Vesico-vaginal fistula occurred in but one case, and this was easily cured by an operation.—*Gaillard's Med. Jour.*, Jan. 13.

PREMATURE DELIVERY FOR THE PREVENTION OF BLINDNESS.

Abstract of a paper before the Amer. Ophth. Soc., by Dr. E. G. LOXME, N. Y.

It has long been known that pregnant women, especially toward the end of a gestation, were liable to suffer from a disturbance of vision, which might vary from the slightest deterioration to a total and permanent blindness.

Physicians were well aware of this fact before the true condition of retinitis albuminurica, or uræmic amaurosis, was known—that is to say, prior to the time of Bright, and long before the invention of the ophthalmoscope.

The fact, therefore, admitted, that possible, and, under some conditions, inevitable blindness may ensue, the question reduces itself to the simple enquiry whether premature delivery is ever justifiable either for the restoration for the preservation of sight.

It appears to the writer that there are not a few cases in which it is not only justifiable, but where the true principles of sound practice demand its adoption.

* * * * *

I would conclude that when a marked deterioration of vision has occurred, with or without ophthalmoscopic changes, and where blindness is threatened, premature delivery is not only justifiable, but often demanded, and it is the duty of the family physician or obstetrician to explain, both to the wife and husband, that the cause of the trouble is a constitutional and not a local one, and that there is every probability of recurrence of the trouble in succeeding pregnancies which may lead, not only to the destruction of vision, but even to loss of life.—*N. Y. Med. Jour.*, Jan. 20.

DIGITAL ASSISTANCE IN LABOR.

JOHN UNDERHILL, M. D., Hamilton, Ohio, writes:—

I beg to add my testimony of the value of digital assistance during the first stage of labor, as described by Dr. Gillette in *Gynecological Society Transactions*, and noticed by you:

It was almost a secret among many of the older obstetricians practising in the country districts of England, and many a lady would say, "I prefer Dr. A., he helps me so much, whereas Dr. B. sits and does nothing."

During the past thirty years I have attended over four thousand cases, and I know that it has shortened the labor and saved me the trouble of using the forceps in a majority of cases, and it will bring on uterine contractions when ergot will not. With a rigid, slow dilating os, the extract of belladonna, smeared on the fingers will work like a charm.

The same can be said of the perineum. I have often succeeded by digital manipulation, and plenty of adeps, in dilating, when I know otherwise I should have had a ruptured perineum. I have yet to record the case where I have had to use sutures; little rents will occur, but with the above treatment very seldom.—*Med. and Surg. Rep.*, Jan. 13.

BLEEDING TO DEATH OF FETUS DURING PARTURITION.

Dr. VALENTA reports (*Betz's Memorabilien*) a case where bleeding to death of the fetus took place during parturition, through a rent in the umbilical vessels, which crossed transversely over the os. A woman was delivered of her second child at full term. The mother stated that before the labor pains began the waters broke, and from that time up to the completion of her labor, which was of ten hours' duration, she had a continuous discharge of blood. At no time was the stream observed by the attendants to be of a pumping character. On examining the after-birth, it was found to be about six inches in diameter, situated high up in utero. The umbilical vessels were given off from its lower margin; and before uniting to form the cord, they ramified in the surface of the chorion for about four and one-half inches. The cord

measured sixteen and one-half inches. There were four veins passing from the placenta, which soon united to form two venous trunks, one of which, the smaller, arched outward before uniting with its fellow to form one umbilical vein. At the point of junction, and at a small distance from it, were two rents. The two arteries united to form one trunk on piercing the chorion, which immediately gave off a small branch that coursed along with the above-mentioned smaller veins. This was also torn across. This case shows clearly the necessity of examining the placenta in any case where death of the fetus has occurred.—*Med. and Surg. Rep.*, Jan. 6.

PREMATURE BIRTHS PREVENTED BY TAKING BLOOD FROM THE ARM.

Dr. GEO. MAYO, South Australia, reports the following cases:

Mrs. F., ("robust"). After repeated premature births, took three or four ounces of blood from the arm at about a month after quickening—went the full time, child alive and strong—has had another since without the necessity of bleeding. March 20, 1883, Mrs. G., ("delicate"). After repeated failures to carry her offspring to the full length of time, at length agreed for me to bleed her. Took three or four ounces of blood from the arm—went her full time, safe labor, healthy child. I commenced this practice nearly fifty years ago in England, and since I have been in South Australia, over forty years, I have successfully treated many similar cases. The plan I have adopted and here stated has invariably succeeded in preventing the recurrence of those troublesome and disappointing cases of premature births. My reason for using the lancet in the first instance arose from observing in many cases the congested state of the foetus and its appendages.—*Austr. Med. Gaz.*, *Med. Abstract*, Dec.

SUBINVOLUTION OF THE UTERUS.

Dr. JOHN WILLIAMS delivered an address on this subject before the Section of Obstetric Medicine, at the recent meeting of the British Medical Association (*British Medical Journal*), in which he said that the causes of subinvolution are general debility; multiparity at an advanced age; post-partum hemorrhage; retention of portions of placenta and membranes; lacerations of the perineum; and pelvic inflammations. Its results are hemorrhage, dysmenorrhœa and prolapsus. Some of these causes, as post-partum hemorrhage, perineal laceration, pelvic inflammation, retention of portions of placenta and membranes, can in a great degree be prevented. Wounds of the perineum should be immediately and completely closed. It is very important to remove the discharges from uterus and vagina, to be effected by abundant hot vaginal injections (three or four pints; temperature 110°–115°) commenced immediately after delivery and repeated twice a day at least. They should contain a disinfectant.—*Med. and Surg. Rep.*

KNEE-CHEST POSTURE FOR DISLODGING LOCKED TWINS.

A new procedure for dislodging locked twins is described, with an illustrative case, by Dr. T. S. Galbraith, of Seymour, Indiana, in the *American Journal of Obstetrics*. Being summoned hastily to a case of difficult delivery under the charge of a midwife, he found a child delivered except its head, which, with the chin extended, was in the right oblique diameter of the pelvis. The head of another child was also found occupying the cavity of the pelvis, presenting with its occiput to the front, and was driven down so firmly as completely to bar the further progress of the labor. With the patient on her back the second head was immovable, but on causing her to assume the knee-chest posture the attendant found himself able to push it out of the way by introducing his hand, and a few seconds later the first child was delivered still-born; the second was delivered with the forceps, and survived. This case was originally reported in the *American Practitioner* for

May, 1880, but is now republished with a wood-cut. The advantages of this procedure over the ordinary treatment in the text-books is very obvious.—*Med. Times.*

TREATMENT OF ABORTION BY HOT WATER INJECTIONS.

Dr. WHITWELL states (*London Medical Record*), that the advantages of injecting hot water into the uterus and vagina in the treatment of abortion are: First. The existing hemorrhage is stopped almost instantly, and there is but little liability of return while the douche is continued. Second. There is seldom any necessity for instrumental interference. Third. The patient, who may be in a state of partial collapse, is revived by the application of heat. Fourth. The keeping the vagina full of water allows the hand to operate with greater freedom. Fifth. There being no fear of hemorrhage, the operator can work leisurely, and violence is unpardonable. Sixth. By carbolizing the water septicæmia is guarded against. Seventh. Nothing can be suggested which would be more likely to save the patient from pelvic inflammation with its attendant evils. Dr. Whitwell's practice is as follows: Supposing the miscarriage inevitable, should the os be closed and the hemorrhage not severe, and, from the indications, it appeared safe to temporize, he would tampon the vagina as thoroughly as possible with either styptic cotton or simple carbonized wads of absorbent cotton. The chances are that when this was taken away the os would be found to be dilated, and the ovum ready to be discharged into the vagina. If the os were closed, the membranes having ruptured, and it were necessary to take active measures at once, he would advise the use of an anæsthetic, feeling sure that the dilatation would then be a matter of little difficulty. If, on the other hand, the os were open and the ovum presenting, he would inject the hot water into the vagina, and thus stimulate the contractions of the uterus. If this were not sufficient, either the nozzle of the syringe or an attached catheter could be passed within the cervix, and the hot water be slowly injected. Under this stimulus the uterus would quickly force the ovum into the vagina with but little manual assistance, and all hemorrhage would cease. Should there, unfortunately, be any retention of a portion of the ovum or membranes, he would wait and use the hot water again as soon as any oozing appeared.—*Boston Med. and Surg. Jour.*, Jan. 11.

RIGID OS.—ANODYNES.

Dr. BOARDMAN REED (*Medical and Surgical Reporter*), calls attention to the danger of causing rigidity of the os by the employment of ergot during the first stage of labor, the physiological action of the drug being to contract the circular muscular fibres in the os more than those in the fundus. When rigidity exists independently of ergot, he finds the exhibition of opium and chloral hydrate, internally, or morphia and atropia, hypodermically, to be par excellence the agents for its relief. He gives preference to the combination of morphia and atropia, hypodermically. He fails to give the quantities or proportion of these alkaloids, but we presume he refers to their salt (the sulphate) and the usual proportion (one part atropia to twenty of morphia), and would inject, say, morphiæ sulph., gr. $\frac{1}{4}$, and atropiæ sulph., gr. $\frac{1}{16}$. Writers for the general profession should be definite in their statements in such matters.—*Med. Age. Jan.*, 25.

DANGER OF DROWNING IN A BREECH CASE.

The following case is an example of an infant being nearly drowned in the liquor amnii, and illustrates the necessity for remembering this danger in resuscitating a breech case apparently dead. (Dr. Neil Macleod, Shanghai, in *British Medical Journal*). The cord was four times round the child's neck, and was uncoiled with great difficulty, when the child began to struggle and I had to bring down the arms and hurry the birth of the head. On being

born the child was limp and made no attempt to breathe, the lips were dark and the surface of the body pale; pulsation had ceased in the cord, but the heart could be felt beating. Having ascertained, with the finger, that the mouth and pharynx were clear of foreign bodies, and after slapping the child's nates vigorously but ineffectually, I made use of Sylvester's method of artificial respiration, applied a towel wet in cold water to the front of the chest, and blew in the child's face, with the result of producing four or five convulsive gasps, having an interval of about a minute between each. I noticed that these respiratory efforts were accompanied by coarse *râles*, and it occurred to me that the child, in its efforts to breathe before the birth of the head, might have sucked liquor amnii into its respiratory passages. I thereupon laid the child with its epigastrium and lower part of the chest resting on the palm of my hand, while the head hung down on one side, the feet on the other; and at once fluid ran from the mouth and nose, and the child then made several quick respiratory efforts, which were free from the rattling accompaniments. Howard's method of artificial respiration was then made use of, and after a few minutes the child was crying lustily, and the surface of the body had become pink. The breech presentation was probably the result of the head being noosed to the upper uterine segment from the shortening of the cord.—*Louv. Med. News*, Jan. 27.

LATE TYING OF THE UMBILICAL CORD GIVES THE CHILD MORE BLOOD.

Dr. EDWARD ALCORN gives a resumé of the experience of various writers on this subject which proves that the children whose cords are left uncut until after the placenta has been expelled, thrive much better than those in whom it is cut before.—*N. Y. Med. Times*, Feb.

COMPOUND QUINA PHENATE IN PUERPERAL FEVER.

W. S. WELLS, M.D., New York city, reports a case of puerperal fever following miscarriage occasioned by shock in a railway accident. The patient is about twenty-nine years of age and mother of two children. She has for a year or more shown somewhat of a hemorrhagic diathesis, bleeding profusely upon the slightest provocation, especially from the nose after mental or physical strain. Menses also usually profuse, leaving her at the time of the accident quite anæmic. Strange to say, scarcely any blood was lost with the expulsion of the fetus (third month), whereas profuse hemorrhage was expected from her well-known propensity. There not having been sufficient flow to insure proper cleansing of the uterus of secundines, puerperal fever set in rapidly with acute symptoms which did not yield to various measures employed.

He had noticed the various articles regarding the discoveries of Dr. Koch, of Berlin, and the germ theory generally, and especially the success of phenic acid in yellow fever as reported in the medical journals, and was thereby prompted to apply to Mr. Cassebeer, Secretary of the Pharmaceutical Society of New York, for some quina phenate compound.

A teaspoonful of the quina phenate was given hourly, and its effects were magical.

If the phenic acid had been introduced directly into the blood current, it could hardly, with its well-known anti-fermentive properties, have more decidedly neutralized the poison giving rise to the puerperal symptoms. In a few hours the patient was entirely comfortable, lochia appeared, and in a few days the patient was about the house, very little the worse for wear as far as appearances indicated. After the congestion of the uterus was in a fair way of reduction by the lochial discharges, the flow was hastened by occasional whiffs of nitrite of amyl.—*Louv. Med. News*, Dec. 23.

PUERPERAL FEVER.

In the *Edinburgh Medical Journal* is contained an interesting and short paper by Mr. John Lowe, on "Puerperal Fever: its Treatment and Prevention," in which occurs the following judicious expression of views in regard to treatment:

"I am strongly of opinion that by early and repeated aseptic intra-uterine injections, a rapidly acting cholagogue, washing out the bladder, if necessary, with some aseptic solution, and the timely and liberal use of stimulants, will avert death in many instances. It is no use giving the nurse instructions to wash out the uterus; we must do so ourselves by means of a long tube in the uterine cavity itself. Ammonia and brandy I regard as the medicines for the disease; indeed, when food is refused, brandy is not only most grateful to the patient, but is peculiarly well adapted to supply the place of ordinary food, and no amount of fever or other symptom contraindicates stimulation when changes so destructive to the vital fluids and tissues of the body are in terribly rapid progress. To give aconite or veratrum viride in such cases is, in my opinion, as unscientific as it is useless; and yet these remedies have been vaunted and are actually used by men of undoubted ability and eminence. To get rid of a fermentative poison from the blood, we must adopt some such practice as I have indicated, and not stop to theorize about the physics of the circulation. We must, in other words, support vitality and eradicate the poison. That salicylates and sulpho-carbolates taken internally do not rectify the turbid urine in puerperal fever I am convinced from experience; and I would strongly urge that all depressant remedies are both hurtful and dangerous."

The use carbolic spray, and irrigation of the uterus and vagina with carbolic solution, immediately after labor, are considered important means for the prevention of puerperal septic poisoning.—*Med. Times*.

PUERPERAL PERITONITIS WITH METASTATIC ABSCESES.

A young woman 17 years of age entered the service of M. Empis at the Hotel Dieu with all the signs of puerperal peritonitis. She was confined 15 days previously, and had presented no sign of fever or other trouble until a day or two previous to entering the hospital, when she commenced to suffer from abdominal pain and fever. When seen in the service she was in a state of extreme prostration; the abdomen tympanitic and painful on pressure. The lochial discharge was fetid, the temperature at 104°.

Five days later the patient died rather suddenly in syncope. At the autopsy a small quantity of pus was found in the peritoneal cavity. The uterus was very large, and its cavity transformed into a vast purulent surface. Small metastatic abscesses were found in the lungs, spleen, and several in the columnæ carneæ of the heart.—*Med. and Surg. Rep.*, Jan., 6.

PUERPERAL JOINT AND BONE DISEASES.

Dr. FASOLA draws the following conclusions from a study of ten cases of joint and bone disease in the puerperal state, observed by himself and others. 1. These diseases may appear in an otherwise normal puerperal state. 2. The joint affections are sometimes acute, sometimes chronic in their course, and may be suppurative or fungous in character. Diseases of the bone may be confined to the epiphysis or attack the entire bone, and may likewise be either suppurative or fungous. 3. Puerperal arthritis and osteomyelitis differ from the similar diseases in the non-puerperal state in their mode of onset, their course and their results. 4. These diseases are always to be regarded as septic processes, even when they run a subacute course without fever. Prophylaxis consists in the employment of antiseptic measures during childbirth. The treatment of these diseases should be conducted according to the ordinary principles of medicine and surgery.—*Centralblatt für Gynäkologie*.—*Med. Record*.

HOT PACK IN PUERPERAL ECLAMPSIA.

Dr. C. BREUSE (*Arch. f. gyn.*, xix, p. 218,) recommends for the cure of eclampsia a strong diaphoresis, produced by hot baths, followed by wrapping up in flannels. He has made use of the same, not only during delivery, but also during the last months of pregnancy, and with success. Pregnancy was in no case interrupted by it, but œdema and albumen in the urine disappeared totally. The baths were kept at a temperature of 40-45° C. The duration of the bath was half an hour; the patients were kept wrapped up in blankets after the baths for two to three hours. The same cure was also employed in hydropic pregnant women affected with albuminuria, and here also the result was such a favorable one, without ever interrupting the normal progress of pregnancy, that we may well recommend future trials of the same.—*Med. and Surg. Rep.*

PUERPERAL ECLAMPSIA.—CHLORAL IN LARGE DOSES.

Dr. GEORGE ROCHÉ reports a case of puerperal eclampsia occurring in a woman, aged 21, in the eighth month of pregnancy; the face was œdematous, and the urine loaded with albumen. The patient was first bled, cold compresses applied to the head, inhalations of chloroform and ether administered, and rectal injections of chloral in doses of 60 grains—in all 470 grains of chloral were given in 24 hours. Recovery took place.—*L' Union Méd.—Med. News, Jan. 20.*

PUERPERAL ENDOMETRITIS.—IODOFORM.

Dr. REHFELDT reports a case in which a patient was attacked with puerperal endometritis on the fourth day after a normal labor. The uterus was washed out with a two per cent. solution of carbolic acid, and an application made to the interior of the uterus of five grains of iodoform. A marked improvement was at once noticed; the lochia becoming normal, the pulse and temperature falling. The occurrence of several abscesses, occasioned by the position of the patient, delayed the convalescence, which, however, progressed rapidly as soon as the abscesses were healed.

Dr. J. Mann strongly advises that all wounds along the course of the generative tract should be washed with a carbolized wash and then sprinkled with powdered deodorized iodoform, over which iodoform wadding should be applied. In this way he claims that the absorption of septic material is prevented. Under such applications granulation goes on very rapidly.—*Boston M. and S. Jour.*

SUBPERICRANIAL CEPHALHÆMATOMA.

Dr. M. H. BATTERSHALL, of Attleboro, Mass., sends us the history of a case of the above nature. Dr. B. attended a primipara in labor, the pains having begun about two hours previously. Examination showed a slightly contracted pelvis, os dilated half an inch, child's head in second position. Pains continued four hours more, when the child was delivered. A caput succedaneum was present but disappeared within twenty-four hours. There was then seen on the site of the left parietal bone a fluctuating tumor covering its whole extent. The skin presented its natural appearance. Cold lotions and spiritous washes were applied, but to no avail, in diminishing the size of the tumor. Compression also failed. He next aspirated the tumor and drew off two ounces of very dark, sanguineous fluid, then applied a compress, which was removed at the end of three days, revealing a healthy normal condition. The cephalhæmatoma was attended with pain, as the child cried almost continuously.—*Med. Record, Jan. 27.*

SULPHO-CARBOLATE OF SODIUM IN VOMITING OF PREGNANCY.

PHILIP MIALI writes (*British Med. Journal*): I find it rarely fails to give some relief, and in some cases the benefit is extremely marked. I give in doses of seven grains in half an ounce of water. Though sometimes decidedly useful in the vomiting of displaced or other abnormal conditions of the uterus, it is less uniformly so than in pregnancy, probably because flatulence is a less constant factor in the former cases. The drug will perhaps be beneficial against sea-sickness, taken every two hours from the time of sailing.—*Louv. Med. News*, Jan. 6.

PREGNANCY SIALORRHOEA.

Dr. DAVEZAC (*Revue Médicale*, December 10, 1882,) has found nitrate of pilocarpine to yield good results in the treatment of the sialorrhœa of pregnancy.—*Amer. Med. Weekly*, Jan. 20.

INTRA-UTERINE VACCINATION.

Dr. TRUZZI vaccinated a number of pregnant women during the last three months of gestation, with a view to determine the protection, if any, afforded to the child. The results were negative, as the children were all successfully vaccinated a few days after birth.—*Centralblatt für Gynäkologie*.—*Louv. Med. News*, Jan. 6.

IS IT GOOD FOR NURSING WOMEN TO DRINK BEER.

At the campmeeting of the Women's National Christian Temperance Union, recently held at Ocean Grove, N. J., the Tabernacle was well filled at each of the four daily sessions, the ladies forming nine-tenths of the audiences. One of the interesting features was a "question box," in which questions were put on the first day to be answered on the second. One of the questions was, "Is it good for nursing women to drink beer?" It was answered by a member of the Union, Yankee fashion, by asking another question, "What is the condition of the milk of cows fed upon the refuse of breweries?" The questioner apparently was fully satisfied.—*Med. Record*.

DISEASES OF WOMEN.

OVARIOTOMY.

In a paper entitled "Notes on Abdominal Surgery" (*Dub. Jour. Med. Sci.*, Nov., 1882, p. 372,) Mr. William Stokes sums up the following propositions in reference to ovariectomy:

1. That the mortality of the operation has been, and is, largely diminished by Listerian antisepticism, which should, therefore, in all instances be employed.

2. That the strength of the carbolic spray should never exceed 1 in 40, and the solution in the steam spray producer be warmed previous to use.

3. That, in order to get with greatest facility a warm, even, aseptic atmosphere and the least disturbance, the operation should not be undertaken in the operating theatre of a hospital, but in a moderately sized ward, which should be given up for the time exclusively to the patient and her attendant.

4. That the intra-peritoneal method of securing the pedicle is to be preferred to the clamp.

5. That the "toilet of the peritoneum" should in all instances be carefully carried out.

6. That drainage should be recognized as one of the most essential features in the after treatment of ovariectomy cases.

7. That the existence of extensive peritoneal adhesions does not appear to influence unfavorably the results of the operation.

8. That in forming an estimate of the probable results of ovariectomy a greater value is to be attached to pulse than to temperature curves.

9. That the following precautions, emphasized by Dr. Atthill previous and subsequent to the operation, should be attended to:

(a) The administration of a mild aperient before the operation; (b) withholding solid food for 24 hours previous to the operation—allowing, however, beef tea, eggs, milk; and subsequent to it ice, milk and soda-water, beef tea; (c) stimulants only to be given in cases of collapse, or in those of exceptional debility; (d) opium, either by the mouth or hypodermically should be given after the operation. The surgeon must exercise his own discretion as to the amount.

10. That pure ether is the anæsthetic that in most cases will be found to answer best.—*Obst. Gaz., Dec.*

OVARIAN NEURALGIA AND NEURALGIC DYSMENORRHOEA.

R Dextro-quinæ, 3 j; ext. belladonnæ grs. iv; ext. stamonii; ext. hyoscyami, ʒʒ grs. vi. M. ft. pil. no. xx.

Sig—One three times a day until pain is relieved.—*Mo. Rev. Pharm., Dec.*

LIGATION OF PEDICLE AROUND DRAINAGE-TUBE IN EXTIRPATION OF THE WOMB.

Dr. J. M. F. GASTON recommends the ligation of the pedicle around a metallic tube passed within the canal, through the cervix, or in the upper part of the vagina, when complete extirpation is requisite. It is claimed that the adoption of this process would have the following advantages:

1. Security against hemorrhage, primary or secondary, by the constriction of the tissues around the tube.

2. Efficient drainage and disinfection of the cavity.

3. Prevention of subsequent irritation by the removal of all ligatures before completing the cure of the case.

4. Maintaining the pedicle in its natural relation without any tension upon adjoining parts.

5. Closure of external incision by first intention, with the least possible delay.

6. Obviating the ordinary tendency to septicæmia.—*Med. and Surg. Rep.*

RETRO-UTERINE HEMATOCELE.

The following is an abstract of a clinical lecture by Prof. C. BRAUN VON FERNWALD, which appeared in the *Wien. Med. Zeitung*:

Hematocele is indicated by the following: Menstruation is generally painful, accompanied by malaise and shiverings; frequently the menstruation ceases suddenly. The patient suffers from shock, and in consequence of internal hemorrhage the skin and mucous membrane become blanched. If the course of the affection be unfavorable, the patient becomes collapsed, the tumor presses upon the bladder, the ureters become sharply flexed, and death supervenes. If, on the other hand, the course be favorable, the extravasation becomes encapsuled, and an elastic tumor is then to be felt with ease, both from the vagina and from the rectum. The folds of Douglas are in no other disease depressed so much as in hematocele and extra-uterine pregnancy. The two affections cannot, however, be distinguished one from the other for the first three months—three months after the cessation of the

menses—and it is only afterward that the slow growth of the tumor allows the conclusion to be drawn that the case is one of abdominal pregnancy.

For the differential diagnosis of retro-uterine hematocele from ovarian cyst Prof. Braun notes the following: First, the contour of a hematocele is not sharply defined on its upper border. Second, notwithstanding its fluid contents, it always gives a tympanitic sound on percussion, for the reason that the coils of intestine, in consequence of the peritonitis that accompanies every case of hematocele, are intimately united to it. Both these peculiarities are absent in ovarian cysts.

The treatment consists in absolute rest in bed, prohibition of co-habitation, application of ice to abdomen, and enemata of cold water. Care must be taken that the bowels and bladder are properly relieved, and if there are no grave complications, resorption of the blood will bring about recovery within three or four weeks. In severe cases, in which fever and pain are very persistent, and there is reason to fear the rupture of a possible abscess into the abdominal cavity, the tumor should be punctured through the vagina as recommended by Nélaton. If there is any suspicion of extra-uterine pregnancy, however, Prof. Braun would caution against puncturing, as it might easily set up profuse suppuration, to which the patient might eventually succumb.—*Obst. Gaz.*

SHORTENING OF ROUND LIGAMENTS FOR THE CURE OF SOME DISPLACEMENTS OF THE UTERUS.

An important paper was read on the above subject before the Liverpool Medical Institution, by Dr. William Alexander. Considering the great number of cases of prolapsus of the uterus and retroversion that are practically incurable, Dr. Alexander sought for some other method of treatment that had at least the one merit that it had not already proved its uselessness. After many operations and investigations on the dead body, he decided, finally, to try the effect of cutting down on the inguinal ring, seizing the round ligament, drawing out the "slack," and then, after ascertaining the exact redression of the uterus, fixing the ligament thus-tightened in its new situation. The results obtained were very encouraging, and in some earlier instances have, after a lapse of six or eight months, lost none of their encouraging character.—*Med. Times, Jan. 13.*

PATHOLOGY AND TREATMENT OF UTERINE DISPLACEMENTS.

The following practical points are set forth by SCHULTZE, in a recent monograph upon uterine displacements: The normal condition of the uterus is one of very free movement, as can be readily demonstrated in the living subject. Changes of position that are permanent are pathological deviations. Restriction of normal movements is the characteristic sign of displacements. These consist in (1) fixation of the organ through inflammation, and (2) malposition resulting from relaxation of the ligaments. In the first class, treatment should be directed against the inflammation; in the second, the weakened ligaments should be assisted by mechanical means. Dysmenorrhœa and sterility in anteflexion and anteversion arise not from change of position, or supposed stenosis, but are due wholly to the coexisting metritis or parametritis. Treatment should be directed against the inflammation, and not against the assumed stenosis or the malposition. In retroflexion, on the contrary, mechanical treatment is indicated.—*Berliner Klin. Woch.—Med. Record, Jan. 6.*

UTERINE MEDICATION.—PROF. GOODELL'S.

The following points are culled from the lectures of Prof. WM. GOODELL, in the University Hospital:

Dr. Goodell does not operate in laceration of the cervix, if the sides of the tear are in opposition—that is, lie parallel and are not turned up. In erosion

of the cervix he recommends the local application of collodion in which iodine has been dissolved, or the strong tincture of iodine may be used.

In carcinoma of the uterus Dr. Goodell applies locally the tampon soaked in a glycerole, and gives constitutionally ten drops of Fowler's solution before meals for the cancerous cachexia, and twenty drops of fl. ext. ergot several times a day to prevent too much bleeding. After every operation on the uterus Dr. Goodell applies a tampon, cup-shaped, in which a glycerole is poured. He also instructs the patient how to do this.

Dr. Goodell's favorite local applications for endometritis and other similar affections of the uterus are: 1. A mixture of one ounce each of iodine, chloral, and carbolic acid. 2. One dram of pure carbolic acid to one ounce of glycerine. 3. A saturated compound tincture of iodine. 4. A solution of nitrate of silver of one dram to the ounce.—(*Phila. Correspondent.*)—*Med. Herald, Jan.*

MEDICATION IN UTERINE AFFECTIONS.

Dr. J. WARREN, Boston, recommends the following internal medication for relieving the engorged state of acute metritis:

R. Chloral hydrat., 3 iii; chloral croton, gr. xxx; liq. opii. comp., 3 vi; glycerinæ, 3 ii; syr. tolu., 3 i. M. Teaspoonful every hour until ease from pain and sleep is produced.—*Kansas Med. Index.*

UTERINE ULCERS.—BORO-GLYCERIDE LOCALLY.

Dr. W. ALLAN JAMIESON has used Mr. Barff's boro-glyceride in conjunction with salicylic acid, in the treatment of this disease, and the results of this combined treatment have been highly satisfactory. The saturated solution of boro-glyceride in glycerine causes no pain when painted on the inflamed, ulcerated or sloughy mucous membrane, but its use is immediately followed by relief to the symptoms.—*Edin. M. Jour.*—*Med. News, Jan. 13.*

ULCERATION OF THE OS.—IODOFORM.

In hyperplastic swelling of the vaginal portion, and in follicular ulcers of the os, Dr. Kish, of Berlin, has derived great benefit from iodoform (*Berliner Klin. Woch.*) He employs:

R. Iodoformi, 3 j; glycerinæ, 3 x; olei menthæ piper. gtt., vi-x. M. Shake well together. Steep a plug of cotton wool in this and apply to the vaginal portion.—*Med. and Surg. Rep.*

UTERINE ULCERATION.—OIL OF ERGOT.

Dr. J. V. SHOEMAKER, of Philadelphia, says: "Before concluding these remarks upon oil of ergot, I should add that I have found it equally efficacious in various affections of the mucous membrane. Applied with a piece of cotton in ulceration of the cervix uteri, the oil of ergot has acted with great promptness."—*Med. Herald.*

INJECTION OF GLYCEROLE OF TANNIN FOR ENDOMETRITIS.

The following combination is used by Dr. CHERON for endometritis with ulceration of the cervix. He claims great advantages in its use:

R. Acid. tann., 3 j; tinct opii., 3 ss; glycerinæ, 3 j. One half tablespoonful in a pint of water to be injected into the vagina, morning and evening.—*Le Progress Med.*—*New Eng. Med. Mo., Jan.*

TYMPANITES IN CASES OF FIBROID TUMORS OF THE UTERUS.

Distressing tympanites, remarks M. Chéron, in the *Jour. de Med. de Paris*, is frequently observed in cases where rather large uterine fibroids exercise more or less pressure on the rectum.

In such cases, very frequently, the usual remedial agents are of no benefit, and prepared charcoal and chalk, magnesia and carminatives do not relieve the symptoms. When such is the case, M. Chéron pursues the following course of treatment: 1st. Complete suppression of wine and every form of alcohol. Water or some of the mineral waters at meals. 2d. To take four times daily a tablespoonful of the following:

R. Tr. valerian, \mathfrak{z} ss; syr. ætheris (Fr. Cod.), \mathfrak{z} iss; aq. menth. piperit, \mathfrak{z} j; aq. destill., \mathfrak{z} iv. M.

3d. Rub in, night and morning, over the abdominal region, a part about as large as a nut of the following ointment:

R. Ext. bryon. 3 j; ung. simpl., \mathfrak{z} j. M.

Under the influence of this treatment, after a few days there is a notable diminution in the distressing symptoms.

The amelioration will be rarely durable, as the cause always exists, but by careful attention to diet, the use of mineral waters, etc., considerable relief may almost always be obtained.—*Med. and Surg. Rep.*

SHALL THE AXILLARY GLANDS BE REMOVED IN EVERY CASE OF CANCER OF THE BREAST?

Dr. A. PEARCE GOULD (*London Lancet*, July, 1882,) answers this query as follows:

1. Partial excision of a cancer should never be performed.
2. Where breast and axillary glands are cancerous, the breast alone should never be excised.
3. That in very many cases of cancerous axillary glands excision can be performed with only slight additional danger, and with great benefit to the patient.
4. That the cases where such excision is not practicable are those in which the growth has spread to the chest walls. Pressure upon, or even adhesion to, the main blood-vessels and nerves of the axilla, is not an insuperable bar to the operation, if sufficient care be taken.
5. That when no enlargement of axillary glands is to be made out, those glands may yet be infected with cancer, and that, therefore—
6. Even when not evidently diseased, they should be removed at the same time as the diseased mamma, or, in other words, it is advisable to remove the axillary glands in all cases of cancer of the breast submitted to operation.—*Detroit Lancet*, Dec.

DISEASES OF CHILDREN.

ŒSOPHAGITIS AS A DISEASE OF INFANCY.

E. F. BRUSH, M.D., attending Physician to the New York Infant Asylum, concludes an article on the above subject, as follows:—

Thus far, with my limited knowledge, I would indicate the following points in the diagnosis of œsophagitis; First and foremost, an antipathy to food, and when food is taken lachrymation takes place. This is a point to which attention has not been previously drawn; but when we remember that the ingestion of irritating substances produces tears in the eyes of the adult, we can readily understand that any irritation in the œsophagus may produce them also in the case of an infant.

There is no doubt that constant wetting of the eye with tears is sufficient to produce conjunctivitis. Even in Gregory's time this fact was recognized. He says "bile and sordes in the stomach have also occasioned ophthalmia. The purulent ophthalmia of infants has been attributed by some to this source;" doubtless by the lachrymation produced by the irritation in the œsophagus. All who have suffered from severe heartburn must remember the tears that suffuse the eyes when the irritating fluid regurgitates into the œsophagus.

The second important diagnostic sign is the characteristic vomiting; that is, the food taken into the stomach is returned almost immediately and quite unchanged. This vomiting differs from that caused by gastro-intestinal irritation by being apparently unaccompanied with nausea, and it differs from the vomiting due to cerebral irritation by being not so powerfully ejaculated.

These are the two most characteristic diagnostic points. The other points it is hardly necessary, perhaps, to enumerate in this connection, as they simply consist in exclusion.

The question of treatment we need not enter into minutely; but as the disease almost invariably occurs in bottle-fed children, and one of the prime causes is the ingestion of food too hot, it is worth remarking that cold food can be administered to children without any bad effect. This plan of feeding children that require artificial feeding or cold food has been followed for some years by Surgeon King, U.S.A., and highly recommended by him. In my own practice, in cases where children have been entrusted to nurses of careless habits, I have directed the children to be fed with food not warmed, and I have perceived no effects forbidding me to continue to do so.—*Med. Record*, Jan. 13.

NOMA PUDENDI.

In the *New York Medical Journal and Obstetrical Review*, Dr. ANNA LUKENS reports a case of noma pudendi, which terminated in recovery. The patient was a female child, mulatto, three years of age, previously healthy, excepting an attack, when two years old, of acute articular rheumatism, complicated with endocarditis, from which she recovered with permanent mitral insufficiency. For six months previous to her last attack of illness the child's general health was remarkably good. On May 10, 1882, it was reported that she had been very restless and feverish, having had a chill the previous night. Attention was directed to the genital organs, which, upon examination, revealed a condition closely resembling aphthous vulvitis. The patches covered nearly the entire mucous surface of the labia majora and surrounding parts. The whole surface was of a grayish color, and covered with a thin gray discharge exhaling an exceedingly fetid odor. Sloughing of the parts occurred soon after, and increased rapidly, involving the perineum and extending back beyond the sphincter ani, and for more than an inch behind the anus. The inguinal glands were not affected.

The general condition of the child at this time was very unfavorable. There was great prostration, with complete loss of appetite, thirst, restlessness, and high fever, the temperature in the rectum ranging from 101.5° F. in the morning to 104° in the evening. The pulse was feeble, small, and frequent. The parts were swollen and extremely sensitive. Micturition was painful. This condition continued for three days, when a detachment of the eschars occurred, leaving a deep furrow on each side of the anus, with sharply defined, irritable edges. The right labium continued swollen and gangrenous for several days later. The constitutional symptoms began to subside soon after the separation of the slough occurred. Healthy granulations sprang up, and the healing process went on quite rapidly. In three weeks from date of attack the entire surface was healed, but not without considerable deformity. The sphincter ani was entirely destroyed, also a portion of the perineum. An irritable ulcer occurred within the rectum.

The local treatment consisted, first, in bathing the parts with carbolyzed water, afterward dusting them thickly with iodoform, with no other effect than correcting the fetor. Balsam of Peru was next applied, but with no better result. After this a preparation consisting of equal parts of pulverized

gum camphor, and balsam of Peru was applied twice daily, and the parts were covered with carbolized cotton and bandaged. The latter treatment gave apparently excellent results, as the progress of the disease was arrested, and the slough began to separate soon after and was rapidly detached. The constitutional treatment consisted in giving tincture of the chloride of iron and chlorate of potassium with quinine and stimulants.

Noma was not recognized by the older writers, but was, according to Bamberger, first described by Battus, a Dutch physician, in the beginning of the seventeenth century. The disease is one of unfrequent occurrence. West observed but seven cases among thirty thousand sick children, six of which terminated fatally. Vogel remarks that he has seen but five cases, of which only one ended in recovery. He also states that from eighty to ninety per cent. of the patients with noma perish in a few days. Noma pudendi appears to be of even rarer occurrence than noma of the mouth, or cancrum oris.—*Med. Record.*

MALARIA IN CHILDREN.

The symptoms of malarial poisoning in children are very masked, and, indeed malarial affections as they relate to children have received but little attention, comparatively. The most positive knowledge we have on the subject is of a negative character: We know that the child does not shake in the cold stage of fever and ague. Dr. L. Emmet Holt reported at a recent meeting of the New York County Medical Society an analysis of one hundred and eighty-four cases of malaria in children as presenting at the Northwestern Dispensary of New York city, the analyses having especial reference to symptomatology. He found that in abrupt cases there is frequently vomiting, drowsiness, prostration, fever, severe pain in the epigastrium, etc., and on examination there will be found enlargement of the spleen and often tenderness over the hepatic region. In cases commencing less abruptly there is usually headache, generally frontal, muscular weakness, anorexia, constipation or diarrhoea, pallor of the face, a dark line under the eyes, nausea with occasional vomiting, tongue heavily furred, epigastric pain, and the patient hot and chilly by spells. Periodicity is not the reliable guide that it is in adults. In nearly all the cases observed the age was under eight years. Fever was one of the most important and constant symptoms. It varied as in the adult and ranged itself under one of three heads; first, the temperature might be quite high at the onset and remain so for twenty-four, forty-eight or seventy-two hours, then assuming a remittent type; second, the rise might at first be slight, gradually increasing in intensity, showing less periodicity and finally becoming continuous but not exceeding 103°; third, the fever might be distinctly intermittent or remittent from the beginning. The usual range of temperature is between 101 and 103°, it very seldom reaching 106°, and never (in Dr. Holt's opinion) reaching those excessive degrees which it is the general impression that it sometimes attains. Sweating occurred in twenty-five per cent. of the cases, and was more constant than the cold stage. Convulsions occurred in four cases and recurred in two, all terminating favorably. Pain in the epigastrium was present in the majority of the cases, less frequently in the splenic and hepatic regions. In many cases vomiting occurred at the onset. In six cases there was incontinence of urine, in six painful micturition, and in a less number retention. No single symptom can be relied on in children, the most important one, however, being enlargement of the spleen. The disease with which malaria is most apt to be confounded, in children, is typhoid fever. The temperature affords the only guide to differential diagnosis. When this is normal in the morning, after the third day, the affection is not typhoid.

In the discussion following the report, and participated in by Drs. J. Lewis Smith, John C. Peters and others, the correctness of the analysis was supported by the conformity of the results with those observed by the speakers. Dr. Smith was of the opinion that if the symptoms run on in spite of the free use of quinine they indicate typhoid rather than malaria. Dr. Peters had seen cases of remittent fever in children clearly traceable to sewer gas, in which there was distinct intermittency.—*Med. Age, Jan. 10.*

ADDENDA.

GYNECOLOGICAL FORTIFICATIONS.

The *Medical Times* thus alludes to Dr. BOZEMAN's paper, read before the American Gynecological Society: "The paper entitled 'Genital Renovation by Kolpostenotomy and Kolpoecpetasis in Urinary and Fecal Fistules,' is by Nathan Bozeman, M.D. It presents us in its first pages with the spectacle of the birth of a new word, for, following the example of the ophthalmologist, the gynecologist is now striving to bar the entrance to his specialty with mighty names. The reader of this paper must encounter and overcome cystostelosis, kolpokleisis, kolpostenotomy, kolpoecpetasis, kolpostenosis; and when there are thrown in a few other big words from outside sources, as pyonephrosis, etc., it is still more bewildering. Hystercystokleisis is a good word, if it stops growing now.—Then we have hysterkleidic, episiokleisis, anakainosis, etc. 'Some may object,' the writer says, 'to the introduction of so many new words;' but the introduction is a small matter, the difficulty is in recognizing them the next time one meets them in literary circles."—*Obst. Gaz., Dec.*

FATAL PERITONITIS FROM AMALGAM FILLING.

Mr. WILLIAM J. THULMAN, a druggist of Buffalo, recently came to his death from a singular cause. While eating his dinner a large amalgam filling in one of his teeth became detached, and was swallowed. He immediately expressed his apprehension of trouble from it, but felt no special inconvenience for some days, when he began to experience pain in the abdominal region. The symptoms became aggravated, peritonitis ensued, and he finally died, after much suffering. An autopsy was held by prominent physicians, when it was found that the irregularly shaped mass had lodged in one of the lower folds of the ileum, and had produced an ulcer which had eaten its way through the intestines and finally caused his death.—*Indp't Pract., Jan.*

MORPHOMANIA.—COCA-CALISAYA.

The use of this elegant cordial has been attended with success in cases of the above, where other medication failed.

It possesses powerful tonic properties, and serves to supplant morbid appetite for morphine or any other opiate.

The dose is about a tablespoonful just before meals, or oftener in chronic cases. Each tablespoonful contains one gramme of Coca and Calisaya, (Cassebeer's Formula.)—*Chem. Gaz., Feb.*

ONE OF THE CAUSES OF SUDDEN DEATH.

COHNHEIM, in the new edition of his lectures on general pathology, states, *Medical and Surgical Reporter*, that upon tying the coronary arteries he found

to his surprise that without any prodromata the heart abruptly and suddenly stopped in diastole. It is not a new observation that people afflicted with ossification of the coronary arteries die suddenly; but usually the ossification in one artery proceeds more rapidly than in the other, and consequently there are unmistakable signs of heart failure. In rare instances the two arteries may ossify symmetrically, and rapidly, and either by embolus or thrombus or by rapid occlusion by the ossifying process, the heart may stop beating almost as rapidly as in Conheim's experiments.—*Chicago Med. Rev.*, Dec. 1.

ERGOT IN DELIRIUM TREMENS.

Dr. ARNOLDOW (*Deutsche Medicinal-Zeitung*, No. 43, 1882,) relates the case of a man suffering from hæmoptysis, who was also threatened with delirium tremens. Chloral had been given for the sleeplessness, but without effect. Upon the administration of ergotine, not only did the hemorrhage cease, but the symptoms of alcoholism also subsided. This happy result induced the author to give ergot in several other cases of mania-à-potu, in all of which the delirium was speedily controlled. Dr. Arnoldow explains this action by the contraction of the blood-vessels of the brain induced by ergot.—*Med. Record*, Jan. 13.

ANTISEPTICS IN PHTHISIS.

Dr. WILLIAM PORTER, Physician to Throat and Lung Department, St. Luke's Hospital, St. Louis, thus summarizes:

Proven, it seems to me, are these two propositions:

1st. Phthisis is a specific disease from a specific cause.

2d. Phthisis may be produced by absorption of tuberculous matter in contact with the mucous membrane of the air passages or intestinal tract.

There is also evidence that the energy of this tuberculous matter is due to germ development and progression.

Hence the value of antiseptic influence in the treatment of phthisis, not only in the later stages during pus production and absorption, but also in the earlier process of infection.

One great demand is for that, which by local and internal use, may meet and destroy the septic agencies of disease. Such a remedy must be effective, unirritating and non-poisonous, susceptible of ready dilution and easy absorption, and withal inoffensive in odor and taste.

Carbolic acid and iodoform do not fully meet these requirements, and less harmful yet no less potent means of antagonizing contagion and putrefaction are finding favor.

The compound known as LISTERINE has, for nearly two years, served me better than any other remedy of its class, and, in the treatment of phthisis, has almost supplanted in my practice all other antiseptics. In treatment of diseases of the upper air passages it is pleasant and does not irritate; in the fermentative dyspepsia so often accompanying phthisis it is safe and efficient.

It is the most powerful non-toxic antiseptic I have yet found.—*Lancet and Clinic*.

TOLERANCE BY THE UTERUS OF TRAUMATIC AND SEPTIC INFLUENCES.

Dr. VALENTA relates a case in which the head of a full-term child, together with the placenta, was retained in the cavity of the uterus for six weeks. The child presented by the shoulder, and after version was delivered as far as the head. The latter resisting all efforts made to extract it, the medical attendant simply cut it off and went his way. After numerous attempts to

remove it, the head was finally extracted piecemeal after remaining in the uterus for forty days. During this whole period there were no signs of reaction, the pulse and temperature remaining normal.—*Schmidt's Jahrbücher*.—*Med. Record*, Jan. 6.

SICK-HEADACHE.

A common cause of sick-headache, according to Dr. SAVAGE, of Jackson, Tenn., is hypermetropia and astigmatism, either alone or combined. The rational cure would therefore consist in wearing a properly fitted glass.—*Med. and Surg. Rep.*

HYPODERMIC INJECTIONS OF MORPHINE IN SEASICKNESS.

According to Dr. COELHO (*Allgem. Med. Central-Zeitung*, No 81, 1882,) seasickness is promptly controlled by subcutaneous injections of morphine in the epigastric region, in doses of one-eighth to one-sixth grain.—*Med. Record*, Dec. 30.

JENSEN'S PEPSIN IN DIPHTHERIA.

Dr. EDWIN ROSENTHAL, acting on the suggestion of Dr. L. Wolff, has used an acidulated concentrated solution of pepsin as an application to the membranes of diphtheritic patients, for which there seemed to be no other help than tracheotomy, and reports that it acted like a charm, dissolving the membranes, admitting a free aeration of the blood, and placing them soon on the road to convalescence. The solution he used was: R. Jensen's pepsin, 3i; acid hydrochloric c. p., gtts. xx; aquæ, q. s. ft., 3 ii. M.—S.—Apply copiously every hour with a throat mop.—*Med. Bul.*

SOLUBLE BEEF.

"The soluble beef peptonized is the best preparation ever offered for sale. It is a dry, rich, and delightful powder—rich in albumen—while other beef extracts contain none, or nearly none, of this absolute essential. Messrs. Scott & Brown, of 108 Wooster Street, are the fortunate preparers of this beef food—a food which must speedily drive all others out of the market, and become the chosen favorite of the profession and of the public."

Alfred M. Loomis, M. D., says: I have used your Soluble Granulated Beef, and must say that it is just the thing that the medical profession need, for the following reasons: First, that it is the actual beef substance in a soluble form. Second, that it is easy of digestion and assimilation, and thirdly, that in cases of debility and nervous prostration, in which it is impossible for a patient to retain food, this will be retained by the patient.—*Gallard's Med. Jour.*, Jan.

DIALYSED IRON.

It is always good for the pharmacist to turn, where possible, to medical experience with respect to the action of well-known trade preparations. Not only will the subject be approached from an entirely fresh point of view, but the information afforded is likely to be unbiased by trade considerations.

Many have been the discussions relative to Dialysed Iron; the matter has come under repeated investigation at pharmaceutical meetings; and as far as mode of manufacture is concerned, little, perhaps, remains to be learnt. But two different theories have been maintained: one, that Dialysed Iron possesses merits which set it above all other liquid forms of iron; the other, founded probably on its want of astringency and slightly perceptible taste, that its claim as a therapeutic agent are questionable in the extreme.

Dr. Prossor James, in his late original communication in the *Medical Times*, appears to have given an impartial summary of the position which Dialysed

Iron is entitled to hold in medicine. He remarks, that the persalts of iron are frequently employed solely on account of their astringent property, while the protosalts are occasionally considered as destitute of this quality. Yet this variation of itself is an indication of their distinctive use. The freshly-prepared carbonate is an excellent mild chalybeate, but difficult to keep in an unaltered state, so that preference is given to the ferrum redactum. The scale preparations of iron are held in repute, both from the extreme facility of their exhibition, and their grateful taste. When these three forms of iron are inadmissible, Dialysed Iron may be resorted to with admirable effect; it is a milder chalybeate than the three preceding, and does not produce the slightest irritation.

The idea of this now popular remedy, was suggested by Graham, not indirectly as the result of his researches on the diffusion of liquids, but in a direct manner. In 1861, he described to the Royal Society the process, since carried out on a commercial scale, by which he obtained a dark-red ferruginous solution, containing 98.5 parts of oxide, and 1.5 of muriatic acid. A recent analysis of Wyeth's Dialysed Iron, made by Professor Tichborne, agrees almost exactly with Graham's results. The liquid thus obtained, differs altogether from an ordinary solution of salts of iron by its not giving rise to the blood-red color on the addition of an alkaline sulpho-cyanide, nor to the blue precipitate with ferro-cyanide of potassium. It does not become cloudy on boiling, nor, when agitated with two parts of ether and one part of alcohol, is the ether layer colored yellow. It is so sensitive that ordinary spring-water will cause a precipitate, yet no precipitate is produced by nitric, acetic, or muriatic acid. Graham's solution gelatinised in about twenty days, and he regarded it as a solution of colloidal ferric hydrate, which he considered existed in both a soluble and an insoluble form. It is, however, never free from chlorine. Theoretically, therefore, the liquid is a solution of a basic oxychloride, but *it can never be imitated by dissolving saturated solutions of the hydrate*. All these artificially-made liquors are astringent, with ferruginous taste and acid reaction. The above considerations will be a guide to therapeutical use. When other iron preparations are not tolerated, Dialysed Iron is indicated. It would be wiser, in the opinion of Dr. Prosser James, where a chalybeate is needed, to commence with the most easily tolerated form, which does not interfere with the digestive organs, and need not be preceded by the time-honored aperient.

It remains, however, for consideration whether Dialysed Iron has more to recommend it than the ingenuity of its production, and the pleasantness of its taste. There have not been wanting, those who have pronounced decidedly against its efficacy. In the present instance, a most favorable opinion is expressed: "That the metal is readily taken into the blood is not to be doubted, although some have supposed, that there would be a difficulty in the absorption of particles which do not pass the dialysing membrane. But this suggestion can have no weight, considering the innumerable insoluble substances which are at once so changed in the stomach as to become easily assimilated." By the modern method of counting blood corpuscles, Dialysed Iron was found both to have increased the number and to have improved their condition. Dr. James gives, for an average dose, 20 to 50 drops daily, in three doses. Dr. Weir Mitchell gives a drachm of the solution at a time. Usually, the dose is from 10 to 20 drops after each meal in a little water, or, on sugar.

Another and obvious use of Dialysed Iron, is *an antidote for arsenic*—preferable, certainly, in point of convenience, to the moist peroxide, which must be prepared at the time, involving the danger of delay.

It appears that specimens have made their way into the market, which are not only innocent of an acquaintance with the dialysed membrane, but seem little else than diluted solution perchloride. The fraud is easily detected. The product of dialysis is neutral, and is non-astringent. Its purity can be ascertained by any of the tests mentioned above; and, finally, it is a preparation which can only be prepared with advantage on a large scale.—*Chemist and Druggist, Dec.*

QUARTERLY EPITOME.

EDITORIAL DEPARTMENT.

THE NEW CODE RENEWED.

The seventy-seventh annual meeting of the Medical Society of the State of New York was held at Albany on the 6th, 7th and 8th of February.

The following brief abstract from the published proceedings is limited to the action taken upon the Code as modified at the last meeting.

The President, Dr. Harvey Jewett, of Canandaigua, Ontario County, in his address, devoted considerable space to a discussion of the new code of ethics, which, he said, had not been received by the profession or the medical press, in this and in other States, with cordiality or favor, but, on the contrary, by the most outspoken and emphatic opposition. A year's consideration, a calm and dispassionate discussion of the matter, had greatly enlarged the views of the profession in reference to the objectionable measure, and he trusted a more conservative sentiment existed to-day than at the time of its adoption. The objectionable clause in the new code consisted in the permission of consultation with any legally qualified practitioner of medicine as not derogatory to the interest and dignity of the profession, or in cases of emergency, or where such aid was required upon the broad ground of common humanity. The advocates of the code held that this was simply permissive and not obligatory, and the society should at this meeting consider the subject

on its merits, and act as they might deem conducive to the welfare, dignity, and interests of the medical profession of the State.

Dr. Squibb, of Brooklyn, submitted the following preamble and resolutions:

Whereas, The Special Committee on the Code of Ethics, in its report at the last annual meeting, recommended a change in one part of the code which was more in the nature of a revolution than of a revision, and, therefore, may be more radical than was expected or desired by the constituency of this society; and

Whereas, That report was adopted at a session wherein only fifty-two members voted in the affirmative, and thus legislated for the entire profession of the State on a subject of vital importance in a direction which may not have been anticipated or desired by the profession at large; therefore,

Be it Resolved, That all the action taken at the annual meeting of 1882, in regard to changing the Code of Ethics, be repealed, leaving the code to stand as it was before such action was taken.

Resolved, That a new special committee of five be nominated by the nominating committee of the society, and be appointed by the society to review the Code of Ethics, and to report at the annual meeting of 1884 any changes in the code that may be deemed advisable.

Resolved, That the report of this committee be discussed at the meeting of 1884, and be then laid over for final action at the meeting of 1885.

He moved that the resolutions be made the special order for the evening session. Carried.

At the evening session, Dr. Squibb moved that the meeting go into Committee of the Whole on the special order of the evening, his idea being to promote freedom of debate. The motion was carried.

Dr. A. Hutchins, of Brooklyn, was called to the chair. The Secretary read the resolutions offered in the morning session by Dr. Squibb.

Dr. S. O. Vanderpoel, of New York, moved that no one be permitted to speak on the question unless his name had been registered. The motion was carried.

Dr. Squibb said, in assuming the responsibility of these resolutions, some explanation was required. The medical profession of this State is associated into societies under and in pursuance of the laws of the State. The first section of the law organizes the county societies. The second section creates the Society of the State of New York. By authority of this law both the primary and the secondary bodies make by-laws for themselves. The constitution adopted by the society was called the Code of Medical Ethics. It becomes the supreme authority in this State, and the analogue of the civil constitution of the State. There is one, and only one, way in which a change can be made in the constitution. It must originate as a proposition only in the secondary body, and be ultimately decided in the primary bodies. If the Legislature of the State should adopt a new constitution without submitting it to the people, it would be denounced as an act of usurpation. The committee was appointed last year to suggest amendments. This committee reported not suggestions, but a substitute for the former constitution. Just here the irregular and unlawful action of the committee began. It

may be said that this action was only concluded by the delegates who represented the county societies. But delegates with full power upon the general subjects of legislative bodies have no power to make constitutional amendments, and their action ought to be reversed. Nearly, if not quite, forty counties of the State have already condemned the action of this society, while the majority of the others have either not acted at all, or their action has not been published.

After a three hours' discussion, in Committee of the Whole, during which many interesting views were expressed which we regret our limited space does not permit us to reproduce, Dr. Vanderpoel moved that the committee rise and report progress. Carried.

President Jewett resumed the chair, and Dr. Hutchins, as chairman of the Committee of the Whole, presented the report.

Dr. Roosa moved that the society proceed to vote on Dr. Squibb's resolutions, and called for the ayes and nays.

Dr. Squibb inquired whether the resolutions should be put as a whole or *seriatim*.

The president decided that the resolutions must be put as a whole. The ayes and nays having been called for, the roll was then called. One or two members rose to explain their vote. One member, when his name was called, inquired whether members who were instructed by their county societies were at liberty to vote as they pleased or as they thought right.

The President replied that every member must settle such questions with his own conscience.

During the first part of the roll-call the ayes led very decidedly, but as the call proceeded the nays forged ahead, and the final result was 99 ayes and 105 nays.

The President very imperturbably announced that the resolutions, being

in the nature of an amendment to the by-laws, required a two-thirds vote to sustain them, and, not having received such a vote, they were lost.

After the vote was announced, Dr. Roosa, in fulfillment of the intention expressed by him at the meeting of last year, introduced his resolution, the gist of which is contained in the declaration that "the only ethical offenses for which they [the medical profession of the State of New York] claim and promise to exercise the right of discipline are those comprehended under the commission of acts

unworthy a physician and a gentleman." Action on this resolution was promptly postponed until next year.

A noticeable feature of this meeting was *fair play*.

Unlimited freedom in discussion was allowed, and no offensive tactics were attempted on either side—nor did the members indulge in acrimonious remarks or invidious retorts.

While each side fought earnestly for the maintenance of its cause, urbanity characterized the entire proceedings.

BOOK NOTICES.

TREATISE ON FRACTURES. By Lewis A. Stimson, B.A., M.D., Professor of Surgical Pathology, Medical Faculty, University of the City of New York; Surgeon to Bellevue and Presbyterian Hospitals. With 350 illustrations. 8vo, pp. 598. Philadelphia: Henry C. Lea's Son & Co.

This work is given to the Profession without the usual accompaniment of a preface.

The first eleven chapters are devoted to the varieties and etiology of fractures, their symptoms, diagnosis, methods of repair, complications, remote consequences, general treatment, general prognosis, vicious union, etc.

The author then proceeds to discuss the fractures of each of the bones, giving both general rules and illustrations from special and anomalous cases. In this he draws from an extensive personal observation, as well from a wide reading.

The work is a judicious compilation, and there is comprehensively and concisely massed together the best views and the best practice of the best men. It is profusely illustrated; many of the cuts are original, and they are all excellent and well prepared.

Such a volume will be welcome to very many readers, as there is no rock on which a physician's reputation is so often shattered as on his treatment of fractured bones. Probably ninety per cent. of the cases of malpractice arise here, and the practitioner cannot fortify himself too strongly with good authority for his procedure.

PRACTICAL TREATISE ON DISEASES OF THE SKIN, for the Use of Students and Practitioners. By James Nevins Hyde, A. M., M. D., Professor of Skin and Venereal Diseases, Rush Medical College, Chicago, etc. Philadelphia: Henry C. Lea's Son & Co., 1883. Pp. 572.

The author inscribes this work "to the man who, looking across the Atlantic 'views with satisfaction the zeal and fidelity with which the doctrines of the Vienna School of Dermatology are cultivated in America, and the rich and ripe fruit which from year to year they bear'—Moriz Kaposi, Prof. of Dermatology in University of Vienna, Austria."

He alludes to the increasing literature in this department of medicine and the necessity, for the convenience of the general practitioner, that some

one should, at shortly recurring intervals, attempt the task of presenting in a comprehensive form the results of the latest observations, and experience in this field.

The author has endeavored, in the limits of a single volume, to sift and retain only that which can be reasonably held as the truth, dropping all detail which seemed of secondary importance.

By this plan we have a volume filled to repletion with practical information, and with but one regret—that the elegant and profuse illustrations are not colored, as they should be in all similar works.

The standard works on dermatology of foreign authorship, especially those of Hebra, Kaposi, Erasmus Wilson, Tilbury Fox, Dr. Neuman, Dr. McCall Anderson, Dr. Behrend, and the Syphilographers, have been largely consulted by the author, as well as those of American writers, particularly the admirable work of Dr. Duhring, of Philadelphia and the valuable contributions by Drs. Piffard, Fox and Bulkley, of New York.

The author acknowledges various other sources from which he has gleaned and compiled this volume, which cannot but attract favorable notice from the profession, as one of the most valuable products of the year.

GUIDE TO THE PRACTICAL EXAMINATION OF URINE, for the Use of Physicians and Students. By James Tyson, M.D., Professor of General Pathology and Morbid Anatomy in the University of Pennsylvania; President of the Pathological Society of Philadelphia; one of the Physicians of Philadelphia, etc. Fourth edition. Revised and corrected, with colored Plates and Wood Engravings. Philadelphia: P. Blakiston, Son & Co., No. 1012 Walnut Street, 1883.

An excellent little manual, tersely written, and handsomely illustrated.

Dr. Tyson brings to bear an experience of many years in almost daily microscopical and chemical examinations of urine, and what he says, therefore, should be carefully read and considered. The book will amply repay a studied perusal.

SYSTEMATIC TREATMENT OF NERVE PROSTRATION AND HYSTERIA. By W. S. Playfair, M.D., F.R.C.P., Professor of Obstetric Medicine in King's College, etc. 12mo, pp. 92. London: Smith, Elder & Co., 1883. Philadelphia: Henry C. Lea's Son & Co., 1883.

In this attractive little volume Dr. Playfair has collected the two papers on the treatment of nerve prostration and hysteria, which he published in the *Lancet* in 1881, and his introduction to the discussion on the same subject at the late meeting of the British Medical Association. Dr. Playfair is a firm believer in the efficiency of Dr. Weir Mitchell's "rest cure" treatment in properly selected cases, and he cites some very striking examples of cure, which he has obtained under this method. Like Dr. Mitchell, he lays particular stress upon the necessity of isolation of the patient and her removal from unwholesome domestic surroundings, and he is satisfied that any relaxation of this rule will prove an absolute bar to success.

ELECTRICITY IN MEDICINE AND SURGERY. By George C. Pitzer, M.D., Professor of the Theory and Practice of Medicine in the American Medical College of St. Louis. First edition. P. 84. Illustrated. St. Louis: 1883.

This work is evidently not written for the educated specialist, as it is essentially elementary in character. This is not a fault but an advantage, and it will be welcome to those who know little on this subject and wish to learn. It is a judicious, lucid, concise, and practical résumé of what is well established.

QUARTERLY EPITOME
OF AMERICAN
PRACTICAL MEDICINE AND SURGERY;
Supplementary
TO
BRAITHWAITE'S RETROSPECT;

CONTAINING A RETROSPECTIVE VIEW OF EVERY DISCOVERY AND PRACTICAL IMPROVEMENT IN
THE MEDICAL SCIENCES, ABSTRACTED FROM THE CURRENT MEDICAL JOURNALS
OF THE UNITED STATES AND CANADA.

PART XIV.....JUNE.....1883.



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PRACTICAL MEDICINE.

CONDITIONS AFFECTING THE SYSTEM GENERALLY.

ÆSTHETICS AND DRUG-TAKING.

It is a matter of some practical interest to the physician that he take account of the results of the impact of the æsthetic wave upon the medical profession. It has long been observed that, with developing civilization, the people have become more intellectual, and the doctor has had in consequence to become more wide-awake. The education of the æsthetic sense in this country has been more recent, but it too is now a thrifty and vigorous cultus. Our modern society, in fact, has become much more sensitive to what is disagreeable and much more responsive to what is agreeable than was formerly the case. The beautiful is ardently admired and the ugly as warmly detested. Æsthetics even supplants morals with many, especially of the fairer sex, vulgarity being often thought worse than wickedness, and good manners quite an atonement for bad morals.

Now, if any one doubts the bearing of all this upon medicine, let him prescribe nauseous draughts and ill-smelling mixtures among his upper-class patients for a while. He will soon find that it does not answer. The young physician of to-day has an additional lesson to learn. He must not only give the right thing therapeutically, but must give it agreeably.

The pharmacist has become well aware of this new demand of the public—the tradesman being always most plastic to developmental readjustments or fashion's changes. Note the history of cod-liver oil. No scientific problem has received more attention or diverted more cerebral force than has that of making *oleum morrhuæ* palatable. Even though it has proved a kind of North Pole of pharmaceutical ambition, the struggle is not yet given up. The demand for agreeable medicines shows itself also in the remarkable growth of the pill trade. The bolus is now hardly known, and we give in small and slippery pellets what our grandfathers conquered asphyxia in attempting to swallow. The pill, to be sure, is tasteless, and its æsthetic value is chiefly negative, yet it accomplishes the object of attacking the disease without afflicting the senses. There are also popular practitioners in our city who are not content with this merely negative position of the pill, but require their druggist to put upon it a seductive coating of gold or silver foil. The mental effect of taking these expensive-looking globules is not to be ignored.

The manufacture of elixirs, syrups, and various aromatic compounds has also vastly increased under this demand for the non-offensive in medicine. To make something which "children will cry for" is the honest ambition of many a druggist who appreciates the signs of the times. Since medicine-taking with Americans often becomes as much a pastime as a serious business, the syrup and elixir trade flourishes, greatly to the delectation of childhood and the content of the adult.

The moral to be drawn from the state of things thus portrayed is most apparent and important. The practitioner must regard not only the disease but the palate of his patient. Not that we would always recommend the

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on of pleasant-flavored mixtures. There are some persons who value the value of their medicine by the strangulating effects which it produces by its taking. But the wise physician will study the whole case, prescribing for the disease not forget the individual.—*Med. Record*,

SMALL DOSES FREQUENTLY REPEATED.

Lecture delivered at the Bellevue Hospital Medical College, Prof. [Name] discusses the subject of doses and the frequency of their repetition. He takes the ground that in the treatment of acute affections better results are secured from small doses frequently repeated, than from the usual use of large doses at longer intervals. He gives the following illustrations drawn from his own experience, and because of their practical nature omits them, but slightly condensed:

Salicylate of potash has at times been administered in sufficiently large doses to excite a dangerous inflammation of the kidneys. This danger can be avoided by administering the drug in small doses frequently repeated. Given in every half hour in scarlet fever, diphtheria, tonsillitis, etc., will produce the same results as larger doses, without the danger of the evil effects from the accumulation of the drug.

Salicylate has for a long time been given in large doses, as from five to eight grains repeated every two hours, until fifteen grains are taken. I consider it a better way to give a grain, either in liquid or pill form, every half hour until neuralgic symptoms are relieved. One of the advantages connected with frequent repetition of doses is that the medicine may be so largely diluted as to be rendered comparatively tasteless, and harmless to the mucous membrane of the stomach.

Wine of salicylate of sodium, every hour or half hour, will usually cure urticaria, even in obstinate cases, except those of a chronic type. Urticaria is often caused by the administration of full doses of salicylate. A single drop of the same drug given every half hour will control urticaria.

Waller's solution half a drop every half hour for six or eight doses will cure the vomiting which occurs after a debauch. It will also relieve the vomiting of drunkards, and is of decided benefit in the symptoms of nausea and vomiting of pregnancy.

Digitalis has been given in large doses with a view to exciting perspiration in Bright's disease, but the very serious objection has been found to its administration in this way, that it sometimes has a very depressing effect upon the heart's action, resulting in some cases fatally. Now, five to ten-minim fluid extract every hour or half hour will produce marked perspiration without causing any unpleasant effects upon the heart. I sometimes combine digitalis with it to counteract any possible evil influence which the latter may have upon the heart. I often hesitate long before administering doses of jaborandi, especially in uræmia of the purpuræ state.

Bromides are largely used, but an objection to them is the fact that they do not take to them readily, because of the taste. This objection is avoided by giving small doses frequently repeated, a half-grain, or a grain, every ten or fifteen minutes. Given in this manner, the bromides are of great benefit in the nervous disturbances arising from dentition or other causes, and in relieving the fever which, in children, usually attends a high degree of excitement of any kind.

They will often meet with children of a nervous, excitable frame of mind who are unable to go to sleep before ten or eleven o'clock at night. An effect will be produced by chamomilla in some one of its forms, as the tea, administered in minim doses, every fifteen or twenty minutes.

Among the most important remedies which can be administered with great benefit in frequently repeated doses is ipecac. A single drop of the wine of ipecac every fifteen minutes will often arrest obstinate vomiting, from different causes, among which are pregnancy and subacute gastritis. Children suffer from diarrhoea and vomiting which have no other assignable cause

than disturbance of digestion. This will often produce the most marked relief, both from vomiting and from diarrhoea.

A teaspoonful of a solution of one grain of calomel to the pint of water every ten or fifteen minutes often relieves the vomiting or regurgitation of food of nursing children. In order to dissolve it, the calomel should first be put into an ounce of lime water and then into the pint of pure water. One twenty-fourth of a grain of mercury with chalk, every fifteen or twenty minutes, is often of great benefit in the vomiting and non-inflammatory diarrhoea is accompanied by mucous passages, indicative of inflammatory action, or enteritis, benefit will be derived from the administration of one teaspoonful of a solution of bichloride of mercury, one grain to the quart, every hour.

Teaspoonful doses of a solution of a grain of tartar emetic in one quart of water, every half hour, will prove effectual for the relief of the wheezing and cough accompanying a slight bronchitis in children.

One drop of the tincture of *nux vomica* given every ten minutes will often produce most marked relief in sick headache not of a neuralgic origin. It should be given immediately after or soon after meals.

A single drop of the tincture of cantharides, every hour, will in many cases relieve vesical catarrh.

For the diarrhoea of children, accompanied with slight inflammation, straining, and passage of jelly-looking matter, but not true dysentery, five drops of castor oil, given every hour in water with sugar and gum, is an excellent remedy.

A gentleman in this city, of authority in venereal diseases, says he has given greater relief in a short time, in cases of orchitis and epididymitis, by two-minim doses of *pulsatilla* every hour than by any other mode of treatment. I can testify to its great benefit so given in dysmenorrhoea not of a membranous, obstructive or neuralgic character.

One of the most distressing symptoms from which many women suffer at the menopause is flatulence, and a sensation of fluttering or palpitation at the pit of the stomach, an effectual remedy against which is the extract of calabar bean in one-fiftieth grain doses, repeated every half hour for six or eight doses. It may be repeated in the same way after stopping it for three hours.

In amenorrhoea not dependent upon anæmia, benefit follows minim doses of the fluid extract of ergot administered every half hour for five or six hours the day before the flow should begin and again on day on which it should occur. Administered in the same manner it is of benefit in cases of excessive menstruation.

Tincture of aconite, one-third to one-half a minim, every fifteen minutes, will be found of decided benefit in many cases of febrile movement. You will soon find the patient in a little perspiration, when the medicine may then be administered at longer intervals. It is likewise useful in cases of commencing so-called cold in the head, in cardiac hypertrophy with palpitation, severe headache, and disturbance of the nervous system due to increased force of heart-beat.

Two minims of the tincture of *hamamelis* every half hour will often control hemorrhages from the nose, the uterus and from hemorrhoids.

Tincture of belladonna in minim doses, given every half hour, is a good remedy in cases of nasal catarrh, and bronchitis accompanied by free secretion. You should cease to give the drug for a while after eight or ten doses have been administered. In pulmonary oedema, with failure of heart power, belladonna thus administered is of benefit in retarding the exudation of serum and in overcoming the failure of heart power.

Two grains of the chloride of ammonium, combined with ten or fifteen minims of the tincture of cubebs, given every half hour, oftentimes controls acute pharyngitis and superficial inflammation of other tissues about the throat. For inflammation of the throat dependent upon a gouty diathesis, add to this mixture ten minims of the ammoniacal tincture of guaiac and administer every hour.

In the headache of migraine, one grain of the citrate of caffeine given every half hour will often produce most marked relief.

In neuralgias about the face or head, three minim doses of the tincture of gelsemium every half hour will often act almost miraculously and leaves no ill effects.—*Med. Age*, Mar. 26.

INEBRIETY.

The following is from a communication by Dr. T. O. CROTHERS, Hartford, Conn. :—

In the *Journal of Inebriety*, vol. ii., Dr. Harman, of Ohio, reports a case of a pronounced inebriate who recovered, and remained a sober man ever after, dating from the expulsion of a tape-worm. An officer in the late war, who was considered a chronic inebriate, dating from a wound of the tibia, recovered immediately after the removal of some dead bone and the healing of the wound. He had tried repeatedly before to abstain, but failed. The recovery after the operation was in circumstances more adverse than ever before. The late Dr. March, of Albany, trephined the skull of a man who had drank to great excess, from the time of an injury by a fall on the head. The man recovered and never used spirits after, for a period of eight years, up to his death.

In an article in the *Chicago Medical Journal* for November, 1881, I have stated many of these singular cases, where injury and irritation of any part of the body may react by some unknown law and develop inebriety. In many of the cases which come under my care there is often apparently very insignificant states of the body, which are found to be prominent in the causation—sources of irritation and exhaustion, neuralgias, nutrient disturbances, and local derangements of almost every description, the removal of which is followed by a rapid cessation of the desire for drink, and the cure of inebriety.

The teeth may very naturally be sources of irritation, which, if it does not cause inebriety, will most naturally keep up the irritation which provokes a continuance of this disorder.

In the majority of these cases a special diathesis may be the favoring soil, which will develop inebriety from the slightest causes. A neurasthenic state and general nerve instability, for which alcohol is a most seductive sedative, and inebriety follows with great certainty.

It is only a rational expectation to find that decayed teeth was an exciting cause, and inebriety would be more manageable when this source of irritation was removed. Recovery cannot be expected until all sources of irritation can be more or less removed. The clergyman who insisted on the care and treatment of the teeth in inebriety as a part of the treatment, was following the teachings of the most advanced science of to-day. If, in addition, nutrition, surroundings, and the removal of all exciting causes was made a part of the treatment, recovery would be the rule and failure the exception. Inebriety is always the result of physical conditions, whether understood or not. The sooner this is recognized and practical treatment based on it, the whole subject will be raised from the realm of superstition and quackery.

The curability of inebriety by physical means and remedies is as practical and real as that of any other disorder. What is wanted is a thorough study of the subject from the standpoint of science, above all theories and dogmas of to-day.—*Med. Record*, Mar. 24.

AIR-BATHS.

Dr. FRANKLIN is credited by the *Boston Journal of Chemistry*, March, 1883, with the discovery of a sanitary or curative agent called the air-bath. It is certainly a matter of common experience that the application of cold or warm water is not equally well borne by all. Indeed, some invalids, convalescents, or enfeebled persons have experienced deleterious effects from bathing as ordinarily used. In certain conditions of the body, sponging, douching, the wet-sheet, and especially the popular Turkish and Roman baths, or similar

ordeals, may be readily conceived to be measures of doubtful hygienic value. Yet attention to efficient cutaneous action is never out of place. Now, it is for the benefit of persons who do not bear well any kind of "water-cure," that it is proposed to substitute the air-bath as a means of, or, at least, an aid to recuperation.

We are told by the author that the morning is the best time for the air-bath, and all that is required is a hair-cloth mitten and a moderately cool room. Here are the directions for this new kind of bathing: Let the invalid step from the bed to the floor, seize the hair glove or mitten, and without removing the night-clothes proceed to rub gently all parts of the body, at the same time walking about in the room until a feeling of fatigue is experienced. Then drop the glove, and gently pass the hand over all parts of the body before resuming the clothing. Unless the nude body is extremely sensitive to cold, a portion may be exposed to the air for a few moments while in motion, even on the first morning. The next morning jump out of bed in a moderately cool room, and go over the same process as before, remaining a little longer exposed to the air after the rubbing. The third morning repeat this treatment; and on the fourth, or at the end of the week, take off all the night-clothing, and briskly apply the hair glove, first with the right hand and then with the left, all the time walking about. Follow up this as the degree of strength permits, morning after morning, until the blood is so attracted to the surface that the cool air is felt to be a luxury. Let the body be entirely nude. At first, or after the first week, perhaps, the exposure to the pure cool air may be three or four minutes. Soon this may be increased, until, after a month or two, the air-bath may continue for twenty minutes or half an hour. It is essential to walk about during the first month, using the hands in polishing the skin. Later on the patient may sit in the air of the room part of the time. But constant, gentle exercise is best.

Now, according to the author, another most important curative agent connected with the air-bath is sunlight. In summer, this is easily accessible, but in winter only the late risers can secure its benefits. Exposure to sunlight during the air-bath apparently enhances its hygienic value. It is thought that the direct actinic rays of the sun may have some very beneficial properties. We are not aware that air-bathing has already become universally recognized as an important aid in re-establishing normal vitality in enfeebled constitutions. Judged *a priori* the method appears to commend itself in certain selected instances. Yet it will scarcely supplant the popular aqueous ablutions, as a healthful, delightful, and time-honored practice.—*Med. Record*, April 14.

EFFECTS OF FAMINE ON THE PUBLIC HEALTH.

Fortunately for us the extent of our territory, with its variety of climate and soil, and the thrift of our people have heretofore prevented an opportunity of observing the effects of prolonged deficiency of food on the inhabitants of this country. The question of famine, as far as we are concerned, has only a scientific interest outside of its appeal to our philanthropy. In other lands it is not so, and we have taken a melancholy interest in the perusal of a paper read before the Grant College Medical Society, of Bombay, by Dr. Cowasji Nowroji, in which the learned author describes with characteristic minuteness of detail, the effects of scarcity of food as noticed by him in the famines of India. While the powers of vital resistance are lowered and the system thus rendered more liable to attack by existing poisonous influences, Dr. Nowroji records the occurrence of no specific disease due to the famine. His observations herein differ from those of other observers on the basis of whose reports typhus fever is usually regarded as directly due to this cause. He notes the foul condition which existing ulcers are liable to assume. A notable diminution in the number of births characterizes years of famine, from which fact we infer that the procreative function must be impaired, for we should not credit the heathen coolie with any deliberate or intelligent measures looking to a prevention of the legitimate results of the act. This latter is a refinement of the occidental civilization. The children

that are born during a famine are also, according to Dr. Nowroji, of a scrofulous diathesis, and perish in great numbers in a few years.

The general conclusions of the author may be formulated as follows:

1. That though famine may not engender a special pestilence, it swells the death-rate of the stricken-down population, owing to the severity of the type which most maladies assume when co-existing with it; 2. That there are other diseases which must be recognized and treated as the special disorders of famine; 3. That the muscular tissue, including the heart, is very prone to fatty transformation and disappearance; 4. That the nervous system shares the general atrophic changes induced by starvation, but in a lesser degree; 5. That there is a certain stage beyond which the morbid effects are irremediable; 6. That the languor and the indisposition for exercise of any kind, bodily or mental, evinced by the famine-stricken, must not hastily be ascribed to indolence or idleness; and 7, lastly, that the mortality during a famine cannot always be separated from the famine mortality.

The paper, as a whole, is a valuable contribution to a subject but little understood in this longitude.—*Therapeutic Gazette*.

PRACTICAL MEANS OF PURIFYING THE AIR.

An interesting article has lately been published by Dr. Tuillio Bonizzardi, on *Mountain Air*.

The author recalls the experiments of Moscati on the difference between air collected at the surface of marshy plains, and that taken from lofty hills and mountains, and draws the following conclusion:

“That people die more frequently and more quickly, from the noxious influence of miasms and of carbonic acid, than from the deficiency of oxygen.”

He proposes the following curious experiment in support of his proposition.

Three hens, similar in condition, are placed, each under a large bell-glass resting on a smooth surface, so as to exclude the surrounding atmosphere. Under one of the glasses is placed, with the animal, a piece of quick-lime, and under another, pieces of wood charcoal, while the third contains only the animal.

At the end of half an hour the animal under the second glass, which contained the charcoal, although less active, was not suffering.

The one under the first glass, which contained the lime, was nearly dead.

The hen under the third glass was quite dead.

In the first case the animal showed only slight signs of disturbance, because the charcoal had absorbed the foul air coming from the lungs.

In the second case, the animal still retained some vitality, because the lime had absorbed the carbonic acid gas.

In the third case the animal died, poisoned by the carbonic acid gas and the miasms exhaled by the animal itself.

These experiments prove the influence of miasmatic and poisoned atmosphere.

Conclusion—1st. To purify the air in the sick-room, place in the bed a small basket or other porous article, containing wood charcoal, for the purpose of absorbing the foul air which, if diffused throughout the surrounding atmosphere, would be constantly returned to the lungs and cause the patient to die of *auto-infection*.

2d. In a sick-room in which infants are sleeping, it is necessary to put a box or basket containing a piece of quick-lime and some wood charcoal, for the purpose of fixing the carbonic acid exhaled from the lungs, and of absorbing all the foul air generated in the system, and given off by exhalation from the skin or otherwise.—*Journal d'Hygiène*.—*Sanitarian*, March 1.

THE ACTION OF RARIFIED AIR.

Dr. A. FRANKEL, of Berlin, read recently an interesting paper on the above subject before the Medical Society of that city. For some time past

he, in conjunction with Herr Geppert, has been making investigations into the subject, some of the results of which he made public in the paper above mentioned, and of which the following is a very brief account:

Rarefied air is mainly of moment through the diminished supply of oxygen that necessarily accompanies it. The important effects of such a diminished supply have been observed in cases in which the circulation has been greatly disturbed, in hemorrhages, and in the action of most active poisons, as at least the secondary effect of these is to lessen oxidation. It has long been known that when the supply of oxygen to the body is diminished, the organs become subject to a more or less pronounced degree of fatty degeneration. So long as this is limited to the non-use or storing up of such fat as was already in the system, or brought into the system in the food, the process is not difficult of comprehension. The question becomes a different one, however, when, under the influence of a diminished supply of oxygen, fat makes its appearance in localities in which it is not normally present. Such localities are the muscular structure of the heart, the glandular organs in excessive anæmia, in which, under certain circumstances, the muscular structure completely disappears. The author's efforts had been directed to the solution of this problem. He has found that in case of diminished supply of oxygen, brought about, it may be, in the most diverse ways—by suffocation, or by carbonic oxide (CO) poisoning—the urea, or urinary excretion of nitrogen, undergoes a considerable increase. From this it will appear that the diminished supply of oxygen causes an increased disintegration of structural albumen. The nitrogenous components of the albumen are discharged from the system in the urine, and the non-nitrogenous remain in the form of fat. Recent experiments permit this fact to be proved in a manner to which exception cannot be taken. Dogs were enclosed in a ventilated pneumatic chamber, the air of which was rendered gradually rarer by means of an air-pump. After a time, very characteristic phenomena were observed (already described by P. Bert). If the rarefaction was brought about as slowly as possible, when the atmospheric pressure was reduced to one-third, the animals, without any dyspnoea worth naming, fall into a state of somnolence, in which they might remain for some seconds (*Sekundenlang*). In order to ascertain whether this condition, apparently due to the want of oxygen in the brain, might not be really dependent on the mechanical action of the rarefied air on the circulation, the blood pressure was examined. This showed plainly no deviation from the normal. Neither could there be question of any accumulation of carbonic acid in the blood. It remained, then, that the above-named condition of somnolence was simply the effect of deficiency of oxygen. If the animals, before placing them in the pneumatic chamber, had been fed so carefully that the daily excretion of urea was always the same in amount, it invariably increased considerably on putting them into the chamber and rarefying the air; thus indisputably proving, as Dr. Frankel claims, that the diminished supply of oxygen causes disintegration of structural albumen, with retention of the fatty constituents thereof within the system.—*Med. and Surg. Rep.*, April 7.

EXAMINATIONS OF WATER AND AIR.

Mr. ROMYN HITCHCOCK ("*Jour. of the Franklin Institute*,") proposes the following question: Under what circumstances can a chemist condemn a water for household use? Waters containing chloride, nitrites, and other substances, indicative of contamination with sewage or other organic matter, are unsafe, though it is seldom that disease can be attributed to their use. Hence, it must be another element which produces such diseases as typhoid fever. This is generally conceded to be a living microscopical germ, which develops and multiplies in the water; but this is quite out of reach of a chemical analysis. The drainage from vaults containing human dejecta is not necessarily unhealthful. It is when this drainage contains disease germs that the mischief is done. In regard to the examination of air, there is much confusion as to the value of results. This is without reference to the known in-

jurious influence of carbon dioxide, carbonous oxide, and other noxious gases. Air which is chemically pure may be a vehicle of contagion, and that which is chemically impure may be harmless as to contagion. Thus ammonia, sulphuretted hydrogen, and other gases which arise from the decomposition of refuse matter in the streets, will not breed a pestilence, so long as the germs of disease are not present with them. It is probable, however, that the development of these germs is favored when the other conditions obtain. These germs may be collected from the air by means of cotton. The author sums up the result of experience as follows: We have no means of determining when a water which analysis shows is liable to become a carrier of disease does become active in its dissemination, nor can we yet determine whether the air we breathe is or is not loaded with the germs of disease. The great decrease in the death-rate in England and Wales since 1841 is considered to be due largely to the effect of sanitary laws upon the prevalence of certain zymotic diseases. Another important and kindred subject pertains to the efficiency of disinfectants. The agent used must be strong enough to destroy the living germ or to neutralize the chemical poison. Ordinary aerial disinfection is utterly useless. The only efficient method in the sick-room consists in the immediate disinfection of all refuse, and thorough ventilation.—*N. Y. Med. Jour.*

ANÆSTHETICS FROM A MEDICO-LEGAL POINT OF VIEW.

Dr. J. G. JOHNSON, of Brooklyn, comes to the following conclusions in the *Annals of Anatomy and Surgery*:

Anæsthetics do stimulate the sexual functions, the ano-genital region being the last to give up its sensitiveness. Charges made by females under the influence of an anæsthetic should be received as the testimony of an insane person is. It cannot be rejected; but the *corpus delicti aliunde* rule should be insisted on. Dentists or surgeons who do not protect themselves by having a third person present do not merit much sympathy.

Death from administration of chloroform after a felonious assault, unless the wounding were an unmistakably fatal one, reduces the crime of the prisoner from murder to a felonious assault.

The surgeon has no right to use chloroform to detect crime, against the will of the prisoner.

But the army surgeon has the right to use chloroform to detect malingerers.

The medical expert, notwithstanding he is sent by order of court, has no right to administer an anæsthetic against the wish of the plaintiff in a personal damage suit to detect fraud.

Gross violations of the well-known rules of administering anæsthetics, life being lost thereby, will subject the violator to a trial on a charge of manslaughter.

A surgeon allowing an untrained medical student to administer anæsthetics, life being lost thereby, will subject the surgeon himself to a suit for damages. What he does through his agent he does himself.

The physician who administers an anæsthetic should attend to that part of the business and nothing else. He should have examined the heart and lungs beforehand. He should have the patient in the reclining position, with his clothes loose, so as not to interfere with respiration; should have his rat-tooth forceps, nitrite of amyl, and ammonia, and know their uses, and when to use them, and how to perform artificial respiration.

Chloroform cannot be administered by a person who is not an expert to a person who is asleep without awaking him. Experts themselves, with the utmost care, fail more often than they succeed in chloroforming adults in their sleep.—*Dr. Cir. and Chem. Gaz., March.*

EPIDEMIC OF ERGOTISM.

GRIASNOFF presented to the Poltava Med. Soc. a report (*Zdorovje*, March, 1882,) on seventeen cases of raphania, which occurred from July to Oct., 1881

(one hundred and one subjects were attacked, twelve of whom died; G.'s cases were those admitted to the town hospital). The age varied from 12 to 45; thirteen were male, four female. All were villagers belonging to the working class. Four died (two males, two females). The symptoms observed were: Formication under the skin (in a few); agonizing pains and numbness in the extremities, especially the calves, and sleeplessness (in all); spasms (in five); loss of appetite (in all but one); headache, nausea and vomiting (in a few); exhaustion and diarrhoea, weak and accelerated pulse (in all). In all but one gangrene developed, being of the humid variety in eight, of the dry in seven; all these presented a high temperature (104° F. and over) with evening exacerbations. Gangrene attacked in one case two toes; in one four toes and a part of the metatarsus; in one a great toe and the first metatarsal bone; in three the whole of the right foot; in one both feet; in six a foot and a part of the corresponding leg; in one the right foot and left leg; in one both legs, the whole right forearm and one left finger; and in one a part of the left forearm. Three of those with gangrene of two or more extremities died. In the remaining thirteen the following operations were performed: In one amputation of thigh; in six, amputation of leg; in two, Pirogoff's amputation; in one, amputation through the metatarsus; in one, amputation of two metatarsal bones; in one, exarticulation of a metatarsal bone and a toe; in one, amputation of the forearm. One of the patients operated on died from pyæmia. In twelve all symptoms disappeared mostly within a short time after the operation and recovery followed. The treatment, before the operation, consisted of faridization, fomentations with turpentine and camphorated oil, and internal administration of quinine, carbolic acid, camphor and wine.

The quantity of ergot present in the rye meal which had been used proved to be not higher than one per cent.—*Lancet Med. Rec.*—*Med. Med. Jour* April 1.

DANGERS OF IMPURE ICE.

It has been frequently remarked—it must be confessed, usually by superficial observers—that water in freezing liberates the impurities aggregated within it, and that the resulting ice is a pure and sufficiently harmless material. Experience and scientific observations have, however, dispelled this delusion, and have established the fact that all the contaminating ingredients are not so easily gotten rid of. We have been especially interested in the inquiries set on foot last spring at Newport, Rhode Island, a locality which has particularly distinguished itself in recent years by its active and earnest investigations in the direction of improved sanitation. The report of the scientists specially appointed to consider this matter, recently published, arrives at some conclusions which will be of interest to all ice consumers. We have been surprised, indeed, that this subject, so important to the health of communities, has not excited more general attention.

Water in freezing, says the report, undoubtedly frees itself from substances which, in solution, will necessarily give a fluid of a specific gravity greater than water alone, and also from those fluid substances which require a lower temperature for congelation. But even in these cases the frozen water retains traces of these substances more or less entangled throughout its mass and solid particles floating in suspension or entangled in the ice, and these vary in size, from a floating carcase, or faecal matter, down to the extremely minute germs of infectious bacteria. Experiments have been made to determine whether pond ice contains living germs. Ice taken with great care from the centres of blocks and introduced into sterilized infusions of beef produced rapid putrefaction, thus giving a positive affirmative answer.

There can be no doubt that whatever objections attaches to the use of contaminated drinking water, attaches equally to ice frozen from it. Indeed, the objection would seem to be greater to the ice. For dead organic matter entering water during the warm season is decomposed and more or less used up to nourish plant and animal life; while in winter the low temperature pre-

serves it, thus permitting an accumulation, which, floating near the surface, may supply a more foul water for the ice. The report further states that while *inorganic* impurities in water (mineral salts and the like), which are ordinarily detected by chemical analysis, may be partially eliminated, through their specific gravity, during the process of freezing the purification remains, at the best, but partial and imperfect. The even more dangerous *organic* impurities resulting from human and other animal waste are retained in ice unchanged, as regards both quality and quantity, the latter, indeed, being likely to be increased. The germs of infectious disease, when this appears in such a locality, are retained in ice unaffected, and from their comparative lightness are so concentrated therein as to number, that they exist in even greater quantity than in the same amount of water, under similar circumstances, at other seasons of the year. Ordinary organic impurities thus retained in ice are likely, though there be no technically infectious disease in the neighborhood, to produce serious and even dangerous illness in those persons who may use the ice in question for domestic purposes.—*Col. and Clin. Record, March.*

THE DEATH-CURRENT.

The current of the BRUSH-SWAN electric light has an electro-motive force of about two thousand volts. It is nearly such a current as would be produced by a battery of two thousand Daniell's cells. Its fatal effects have been shown in several instances already. This current has heretofore been used chiefly in out-door lighting, where the dangerous conductors are beyond reach. It is now proposed, however, to utilize the current in domestic lighting by means of storage-batteries. These batteries, which are contained in large boxes, will be placed in the various houses; they will then be regularly charged by the two thousand volt current, after which they will give off a harmless forty volt current to the house. By this process it is claimed that the terrific and deadly conductors of the principal circuit will be made harmless. It is quite evident, however, that during the time, each day, when the storage batteries are being fed the wires leading to them cannot be touched without dangerous or fatal consequences. It behooves those who have the care of public health, therefore, to watch the introduction of this storage system of lighting, and see that it is done under proper precautions.

In the Edison system of domestic lighting a current is employed of, it is claimed, one-twentieth the "intensity" of the Brush current and of "lower pressure." The description is somewhat vague, but probably means that the current has a low potential. But assuming it is a current of one hundred volts only, it would still be a disagreeable thing to pass through a fellow-citizen, and it might be dangerous to children. In the introduction of domestic illumination by electricity, the dangers of fire, the danger to the eyes, and the danger to the person or even to life, are to be borne in mind.—*Med. Record, March 17.*

BACILLUS OF GLANDERS.

The president of the Imperial Board of Health, Dr. STRUCK, at Berlin, publishes the results of experiments made on glanders. The material was taken from nodules in the diseased mucous membrane of horses which had died from the disease. Sections of these nodules were colored with a saturated solution of methylene-blue, washed with diluted acetic acid, bathed in alcohol, and then imbedded in cedar oil. There were small bacilli, which were cultivated in horse-blood. The products of these cultures, injected hypodermically into several parts of mice, rabbits and guinea pigs, produced a disease which showed all the symptoms of glanders, such as swelling of the testicles and ovaries, with ulcerative processes in the nasal cavities, and general infection, with final death. Injections with material derived from these animals had also always produced the same results.—*Wiener Med. Woch.—Chicago M. J. and Exam., April.*

DANGERS OF FUNERAL ICE-BOXES.

Funeral ice-boxes and their dangerous use have very properly attracted the attention of some health authorities, and we are glad to learn that a petition to the National Board of Health is in circulation for the exercise of its influence for their prohibition. While the ostensible purpose of the ice-box is to prevent the spread of contagion from the bodies of persons who have died of contagious diseases, the wood of which they are made becomes infected by use, and they thus become the means of spreading the diseases which they are meant to prevent. There can be no question as to the far greater safety of air-tight metallic caskets, or where these are not used, in the more common use of well-known antiseptics and disinfecting fluids, which should wholly displace the dangerous ice-boxes at funerals.—*Sanitarian*, May.

COFFEE VS. ALCOHOLISM.

F. P. NOVAES, of Rio de Janeiro, advocates the habitual use of coffee as an antidote to alcoholism. He quotes from some remarks made by His Excellency, the Baron of Theresopolis, Vice-Director of the Faculty of Medicine of Rio de Janeiro: "In Brazil," he says, "where great quantities of coffee are used, and where all the inhabitants take it many times a day, alcoholism is completely unknown." Immigrants, with alcoholic proclivities, in time follow the customs of the people, and substitute coffee for alcohol, and their children never contract the fatal habits of their parents.

M. Novaes says further, that Brazilians alone know how to make coffee properly, which may have something to do with the number of *cafés* and their numerous patrons.—*Can. Pract.*, March.

DISEASE OCCASIONED BY FALSE HAIR.

Attention is called by the *Lancet* to the danger of the trade in false hair. It seems that the demand exceeds the supply. Europeans will not sell their hair or have not enough to sell. Dealers, therefore, go for the material to Asia Minor, India, China, and Japan. But the hair to be had there is mostly black, and to fit it for the Western market it is first boiled in dilute nitric acid to deprive it of its original color, and it is then dyed to suit the fashion of the time. This operation has been found to give rise to severe coughs, bronchitis, and other complaints, as the workmen breathe the nitrous vapors which escape from the cauldrons. The *Lancet* strongly objects to hair-dressers indulging in amateur dabbling with dangerous chemicals, especially nitric acid.—*Gaillard's Med. Jour.*, Mar. 17.

HOW LONG SHOULD THE SUBJECTS OF CONTAGIOUS DISEASES BE ISOLATED?

The Academy of Medicine of Paris, after a careful study and report of a special commission, has given the following answer to the above enquiry. (*Gaz Med de Paris.*)

1. Pupils affected with chicken-pox, small-pox, scarlet fever, measles, mumps or diphtheria, should be strictly isolated from their comrades.
2. For small-pox, scarlet fever, measles, and diphtheria, isolation should not be shorter than forty days; for chicken-pox and mumps, twenty-five days is enough.
3. Isolation should last until after the patient has been bathed.
4. The clothing worn by the patient at the time he was taken sick should be subjected to a temperature of 90° C. (194° Fahr.), and to sulphur vapor and then well scoured.

5. The bedding, curtains, and furniture, should be thoroughly disinfected, washed and aired.

6. The pupil of a school, after recovery from one of the above contagious diseases, should not be readmitted to the school unless furnished with the certificate of a physician that the above precautions have been observed.—*Can. Lancet, Mar.*

HYDROPHOBIA AND ITS PREVENTIVE TREATMENT.

TANDY L. DIX, Shelbyville, Ky., writes: Inasmuch as the daily papers, within the past few months, have given accounts of several cases of hydrophobia, it may not be amiss to discuss the preventive treatment. As there is no discovered constitutional treatment that exerts any influence whatever upon the disease, the only hope that the unfortunate patient may entertain lies in local treatment of the wounded part.

Several methods of treating the bite of a rabid dog, made in the human flesh, have been, from time to time, advocated and practised; but with what success, it is difficult to determine. Among the methods that have been practised may be mentioned.

1. Excision of the part.
2. Cauterization.
3. Application of the "madstone."

The first is not always practicable, because of the relation of the wound to important organs, and the danger of involving large blood-vessels.

The second is of no avail, because the caustic—whether a chemical or the actual cautery—simply seals the poison within the capillary vessels, where the virus is placed in a position more favorable to absorption.

The third is wholly impracticable, as the reputed madstone is never within a distance less than a hundred miles of the patient. But, as we shall see further along, there is an efficient madstone in every home.

In the adoption of either of these plans of treatment, there is such delay in obtaining the surgeon and material necessary to the treatment that sufficient time is given to insure the absorption of the virus to a depth in the parts that places it beyond the reach of human agency.

The indications to be met in a case of dog-bite are of a two-fold nature.

1. Lessen the powers of parts to absorb.
2. Remove the virus from the absorbent vessels.

The absorbent powers of the part can be lessened by the adoption of two measures:

A. Bring the patient rapidly under the influence of opium.

B. Tie a bandage so tightly around the limb so as to stop all circulation, and let it remain until the virus is removed from the absorbents.

2d. The removal of the virus is readily accomplished by stretching the wound wide open, and filling with table salt (the madstone) well packed in and let it remain until partially dissolved in the fluids. Then let this portion be removed, and another quantity placed in the wound; and so continue until the appearance of the parts indicates that the operation has continued sufficiently long as to ensure perfect safety to the patient. It may be well to observe that no water is to be used about the patient at all—either in dressing the wound, or in the removal of the salt. After this is accomplished, the bandage may be removed, and the wound dressed and treated in the usual manner.

Now, what is to be done when a person is bitten by a dog?

First: Do not lose time in considering the condition of the dog; but take it for granted that he is rabid, and act accordingly.

Second: Let one person supervise the whole operation. This person will send an assistant, in great haste, for the salt; another for a vial of laudanum, while he himself will expose the wounded limb, and take one of the patient's garments and make a bandage for the limb, and apply as above directed. By this time the two assistants have arrived, and with the salt he proceeds as above. The other assistant is directed to administer a full dose of laudanum, and if this is not sufficient, in due time, to contract the pupil, and to pro-

duce other indications which show that the patient is under the influence of the opiate, let the dose be repeated. In the execution of this, there must not a moment's time be lost.

There may be those who would not adopt this plan of treatment, because, as the wife of a physician said, when one of their children was sick, "Just give the child a little paregoric, and he will soon be well. Don't give him any 'new fangled.'" "

To show that this treatment is not "new fangled," suffice it to say that when hams are salted, the salt draws the water and blood out of the hams, mixes with the salt, and makes brine. The brine, as it is made, is reabsorbed into the hams. The water then dries out, and leaves the salt in the meat, which is thus preserved. This is called exosmosis and endosmosis, the laws of which are well understood by physicians.—*Dr. Cir. and Chem. Gaz., April.*

FEVERS AND EXANTHEMATA.—ANTISEPTICS.

The antiseptic treatment of fevers and exanthemata was the subject of a paper read by Dr. E. Symes Thompson at a meeting of the Harveian Society of London (*British Medical Journal*) in which he stated that he had treated cases of small-pox, some of them being of the most virulent kind, with sulphite of soda with very favorable results. He says that the remedy seemed to have the effect of cutting short the different stages of the disease; that maturation began and ended earlier; that the scales were thrown off more quickly and there was less pitting. In scarlatina he uses a linctus of one part of sulphurous acid to seven parts of honey, and finds that it affords great relief to the throat in the anginose form of the affection. In measles, typhoid fever, diphtheria and erysipelas he employs the sulphite of soda, or sulphurous acid, and with their use the disease rapidly disappears. He finds salicylic acid, combined with potash, soda, or ammonia, very beneficial in catarrh, influenza, and the milder cases of scarlatina, typhoid fever and measles, but in the more serious cases he prefers the sulphites. He mentioned the discovery of Ehland, of Stockholm, of peculiar cellular bodies in the blood and urine of scarlatinal patients, and the confirmation of the discovery by Dr. Ochterlong, of this country, and says that if their views are correct the infective material of scarlatina has been discovered.—*Med. Rev., Mar. 3.*

PROPHYLACTIC INFLUENCE OF TINCTURE OF IRON ON CONTAGIOUS DISEASES.

A somewhat singular, and if substantiated, very valuable observation has been made by Dr. W. Duff Green, of Mt. Vernon, Ill., in the *St. Louis Courier of Medicine*, February, 1883. He relates his experience in six families, wherein he treated typhoid fever or measles. In every individual to whom he had given tincture of the chloride of iron, if the disease appeared at all it was very slight, while the majority of those so treated escaped it altogether; at the same time nearly all of those who did not take the iron had the disease in its ordinary severe form. He has noticed this prophylactic action since 1877, and he only records a few of his many observations. It may be that the iron simply enables the system to withstand the onset of the disease by giving it tone, without possessing any specific action; but whatever the explanation is, this report is sufficiently valuable and trustworthy to stimulate further investigation.—*Med. and Surg. Rep.*

DIPHTHERIA.—IODOFORM.

Dr. J. BENZON, in Buccari (*Wiener Med. Wochschrift*, 35-82), and Dr. S. Korach, in Cologne (*Deutsch Med. Wochschrift*, 36-82), both have made experiments with the local treatment of diphtheria by iodoform. The former

treated one man, two women, two girls, respectively aged 18 and 22, and a four-year-old child; and notwithstanding the cases were all of grave type, under the local treatment mentioned they all ran a very favorable and rapid course. B. treated his cases as follows: He took a painter's brush, 1 cm. wide, and dipped it into finely-powdered iodoform till the points were all colored yellow. He then depressed the back of the tongue and applied the iodoform with the brush to the diphtheritic membranes. This procedure was repeated by B. in the beginning of the disease every two hours, about eight times during the day and six times during the night. With the exception of ice application to the neck, this formed the whole treatment.

He made use of this treatment under and by direction of Prof. Leichtenstern, the physician in-chief of the Cologne City Hospital. For nearly a year all the patients in this institution suffering from diphtheria were treated with iodoform alone; cleansing injections with unmedicated water being the only local or internal medication used besides. First, iodoform triturated with amylum, was insufflated; then the dried powder alone was put by a brush upon the membranes. Later these methods were dropped, and instead of them iodoform with collodium (1:10) brushed six times daily over the diphtheritic exudations, the latter having each time been previously totally dried with a linen rag. Sometimes a solution of 2.5 in 25.0 sulph-ether, and 5.0 Tolu balsam, was made use of. The splendid results gained—of 213 cases only one death by laryngeal diphtheria—should induce far more extensive trials with this drug.—*Med. and Surg. Rep.*

RESORCIN IN DIPHTHERIA.

The usefulness of this drug according to Dr. J. Andreer, (*Centralblatt für die Med. Wissenschaften*) is rapidly increasing. He has used it in acute and chronic diseases and now recommends it in infectious diseases. During the last five years he has treated diphtheria of all varieties to the number of two hundred and twenty-two cases, and all of these recovered. In the mild forms, cauterization with resorcin crystals or with a concentrated resorcin vaseline ointment was sufficient. In the more severe cases resorcin had to be used internally and externally.—*Obst. Gazette.*

TURPENTINE IN DIPHTHERIA.

A German apothecary, R. Nümch, of good reputation among those who know him, reports that in the case of his own seven-year-old daughter a teaspoonful night and morning of oleum terebinthinæ purificatum, effected a cure of diphtheria. Others who have observed the action of the drug report that its effects are wonderful, a bright redness beginning to spread from the margin of the exudation within half an hour after its administration and, becoming generally diffused takes the place of the false membrane in twenty-four hours. Although its effects are most marked early in the disease it is said to be also valuable, although acting less quickly, after several days have elapsed. It may be mixed with tepid milk. The dose of an adult is a tablespoonful. The remedy is certainly a simple one and tried early in the disease its employment need not prevent other treatment if it fail.—*Med. Age, Mar. 10.*

EUCALYPTUS GLOBULES IN DIPHTHERIA.

Dr. GIBBS, of New Plymouth, New Zealand, contributes to the *Lancet* his experience in the use of eucalyptus in the treatment of diphtheria. His plan is to place the leaves in a tub beside the bed and to pour on them boiling water, repeating the process every half hour, so that the room may be kept permeated with the disinfecting steam. In addition the only treatment employed was mopping the throat every eight hours with a dilute solution of

perchloride of iron in glycerine and covering the pharynx with powdered sulphur. Of thirty-seven cases thus treated none died. Where only one child is sick, make a tent with a sheet over the bed so as to enclose the patient and retain the steam, and he says it is wonderful how the swelling and pain subside. That the epidemic in which his cases occurred was a severe one, is attested by the numerous deaths which occurred in the practice of those who employed other means of treatment. The plan has simplicity to commend it, and may be entrusted to an ordinary attendant.—*Med. Age*, March 26.

CARBONATE OF POTASH IN DIPHTHERIA.

Dr. S. S. CARTWRIGHT, of Roxbury, N. Y., sends us the history of two cases of diphtheria with croup occurring in the same family. The first patient, a boy of three years, died after a brief illness. About two weeks later, the second case, that of a boy four years old, developed. The disease went on rapidly and unfavorably, showing much the same bad symptoms as at first. Emetics were used, and chlorate of potassium given. Some improvement took place on the fourth day, but severe and apparently fatal relapse occurred five days after. Two grains of potass. carbonat. were then administered every hour, when improvement soon appeared, and the child recovered. Dr. Cartwright ascribes much virtue to the potass. carb., which, he writes, is recommended by Vogel. Our correspondent appears to have ignored local treatment, the use of alcohol, and of muriate of iron.—*Med. Record*, March 3.

CALOMEL IN DIPHTHERIA.

Dr. CHARLES S. MILLER reports (*Southern Practitioner*) a case of diphtheria in which the breathing was very much embarrassed by the membrane. Calomel in 10-grain doses every hour, until twelve doses were given, was followed by prompt recovery, the membrane being thrown off and showing no tendency to re-form. Neither catharsis nor emesis followed these apparently heroic doses. The case seems strongly corroborative of the claims made by Dr. Reiter in a recent number of *Squibb's Ephemeris*. Dr. Reiter, however, recommended the calomel in the same size doses before the membrane appeared, and to prevent its formation, having little or no faith in this treatment after the patch had formed. We should be very much pleased to receive any report on the use of calomel as above. Dr. Reiter's claims for the drug employed in this manner are too positive to be allowed to pass without subjecting it to a trial.—*Med. Age*.

SULPHATE OF COPPER IN THE TREATMENT OF DIPHTHERIA.

SEYDEL, of Königsberg, touches diphtheritic patches with a saturated solution of sulphate of copper. Immediately after each such application he washes out the throat and mouth—with head bending over a vessel—with irrigator or nasal douche. These irrigations are kept up every two hours during the attack, and consist in salicylic acid 1:1000 or kali chlor. 20:1000; 250 grammes of this solution is used at each sitting. Whenever the nose is involved in the disease, the irrigations are to be made through that organ, otherwise only through the mouth. The repetition of the painting with the copper solution is dependent on the progress of the diphtheria. In some cases it is advisable to replace the copper solution with boracic acid in powders, especially when the attack begins to yield.—Seydel, *Berlin Klin. Woch.*, No. 45, 1882.—*Therap. Gaz.*

EAR AFFECTIONS IN DIPHTHERIA.

Dr. BÜRKNER (*Berlin klinische Woch.*) reports two cases in which middle-ear inflammation followed upon diphtheritic disease of the throat, and in

which the danger of destruction of the internal ear, and perhaps life-long disease of the organ, if not early death, were entirely prevented by early examination and prompt paracentesis of the membrana tympani, followed by application of cleansing solutions of boracic acid. Great relief was at once afforded to the ear-ache and vertigo, from which the patients had previously suffered, and a cure resulted in five and seven weeks in the two cases respectively.—*Pract.—Med. Abstr.*

DIPHTHERITIC VOMITING.—HYDROCYANIC ACID.

In a letter to the *Lancet*, Mr. V. G. WEBB states that some five years ago, having ordered full doses of hydrocyanic acid to allay vomiting for a patient with diphtheria, he found the next day that the percentage of albumin in the urine was reduced one-half; also, that he has lately found the drug equally beneficial in scarlatinal nephritis.—*Med. Rev.*, April 14.

THE MICROPHYTE OF YELLOW FEVER.

Dr. CARMONA DEL VALLE believes (*British Medical Journal*) that he has detected the microphyte characteristic of yellow fever, and proposes to name it *peronospora lutea*. The germs of the cryptogam are found in the patient's excretions, and in the fluids of the organism, especially the blood and the serous discharges resulting from blisters. Dr. Carmona del Valle has also discovered in the matter vomited, besides spores, a large quantity of mycelia of various colors, black predominating. The *vomito negro* (black vomit), according to this author, is due to the presence of these black mycelia; and the blood has no influence on the color. In urine he has observed small, yellowish granules, which give birth to spores. If rabbits or dogs be injected with this urine, they exhibit febrile symptoms, with increase of temperature, which last two or three days; and the urine of the animals under experiment presents the same kind of granules as those observed in that of yellow fever patients. Animals which have once been subjected to injection resist the effects of a second. In order to render an animal exempt from yellow fever, it is sufficient to inject into it a small quantity of distilled water containing the specific fungus of the disease. The spores of the *peronospora lutea* are present in the urine of yellow fever patients for a length of time after their discovery. Their presence, Dr. Carmona del Valle believes, is the reason why such patients are not subject to a second attack. To test the amount of danger of prophylactic injection, Dr. Carmona del Valle performed it on himself without any bad result. His urine, however, for some time contained the characteristic granules.—*Med. Age*, April 10.

SULPHUROUS ACID IN THE TREATMENT OF SCARLATINA MALIGNA.

Dr. KEITH NORMAN MACDONALD makes a strong plea for the use of sulphurous acid in conjunction with the ordinary remedies in the treatment of malignant scarlatina. He is of the opinion that to be successful in most cases of scarlatina maligna the treatment must not only be promptly and vigorously but also intelligently applied, and that when so carried out the worst cases need not be despaired of. His plan of treatment is as follows:

“The moment the throat begins to become affected, I administer to a child of five or six years of age 10 minims of the sulphurous acid with a small quantity of glycerin in water every two hours, and I direct the sulphurous acid spray (strength, \mathfrak{z} ij- \mathfrak{z} iv to the ounce of water, according to circumstances) to be applied every three hours to the fauces—about twenty squeezes; and when that can't be done, to hold the instrument about six inches from the mouth, and use it for a few minutes at a time. The acid so-

lution must be recently prepared, as when it is kept for some time in water it takes up an atom of oxygen and becomes sulphuric acid. It is of some importance to bear this in mind, as the efficiency of the acid treatment depends entirely upon its composition."

At the same time he administers a mixture containing from three to five grains of chlorate of potash with seven to ten minims of the tinct. ferri perchlor. in glycerin and water, more or less, according to age, every four hours. He further directs a strong solution of permanganate of potash (3 ij or more to six ounces of water) to be held in readiness for laving the lips and mouth several times in the day to arrest the formation of the dark sordes which collect about these parts: some of it should be swallowed, if possible, each time the lotion is applied, gargling being out of the question in young children.

Sulphur should also be burned in the sick-chamber three times a day at least, by placing flour of sulphur upon red-hot cinders on a shovel and walking about the room with it, thus diffusing the sulphurous acid vapor through the apartment, until the atmosphere becomes a little unpleasant to breathe.—*Med. Times, April 21.*

SCARLATINA.—CHLOROFORM.

Dr. J. M. CURRIER, Castleton, Vt., writes: In some of the last numbers of the *Lancet and Clinic*, I have noticed discussions upon scarlatina. There is one point in the treatment of that disease that was not touched upon, hence I will give you some of my slight experience with it. When the urine becomes heavily loaded with albumen, the patient anasarctous, and sometimes convulsions are present, I do not look upon the case with such gravity as some are inclined to. There is an unusually large amount of work thrown upon the kidneys in the elimination of the waste materials in the system; nephritis is the result.

In several cases of convulsions that have come under my observation I have administered chloroform by inhalation, to the point of complete relaxation of the muscles. I have kept patients several days under control by inhalation, and where there is suppression of urine along with albuminuria a few hours will suffice to restore it to the normal quantity. I never had the least difficulty or bad results in giving chloroform to a child of any age attacked with convulsions.

In following up the treatment of albuminuria with inhalation of chloroform, the albumen speedily diminishes. This remedy seemed to work so well I was induced to try the use of chloral in those cases of albuminuria without convulsions, and in all the cases there was a diminution of the albumen and lessening of the fever. One to three grains may be given every three hours as a diuretic; its action upon the kidneys is quite certain.—*Cin. Lancet and Clinic.*

PREVENTION OF SCARLET FEVER.

In view of the recent prevalence of scarlet fever in Hartford, New Britain, Meriden, Middletown, New Haven, and other towns in Connecticut, the State Board of Health has issued a circular (No. 8) on the prevention and restriction of this disease. Isolation until six or eight weeks after convalescence has been fairly established, disinfection during treatment, and fumigation by burning sulphur at the conclusion of the case, are the measures recommended. It is urged that a hospital for contagious diseases would save many lives, as in crowded tenement houses isolation is out of the question. "The idea, at first, is not a popular one, but once established, its powers for good will dispel all objections." Legal enactment is considered desirable to secure the abolition of public funerals in cases of death from this fever. The disinfectants recommended are:

1. For cotton and linen goods, for washing the hands, and almost all uses, sulphate of zinc, four ounces; common salt, two ounces; water, a gallon.

Double the strength should be used about the bodies of those dying from scarlet fever.

2. Copperas, a pound and a half to the gallon of water, for sewers, drains, and excreta.

3. Lerner's disinfectant possesses the advantage of giving off non-stifling odors, and can be used to fumigate halls, entries, and rooms while occupied. It is considered effectual, and has been largely used. It does not take the place of sulphur for *complete* fumigation.—*Med. News*, March 10.

SCARLATINA.—BENZOATE AMMONIA.

The treatment of scarlatina with remedies believed to have the power of destroying animal and vegetable organisms, is a plan that has been pursued with great differences of opinion as to the advantages derived. The benzoate of ammonia, said to be a germicide, is used by Mr. A. Drummond MacDonald (*British Medical Journal*) with happy effect, both in the milder and anginous forms of the disease. He gives it in doses of fifteen grains every three or four hours to adults, and proportionately to children, either alone or in combination with liquor ammonia acetatis.—*Med. Record*, March 3.

SCARLET FEVER AND SLOW PULSE.

M. MANJOT gave a description of an epidemic of scarlet fever at Belley. The disease was mild, but the defervescence was always marked by an extraordinary slowness of the pulse. This slowness could not be attributed to a nervous or cardiac lesion, nor to the treatment or any toxic influence. It appeared on the fifth or six day, when the eruption began to fade, and continued during the desquamative stage until convalescence. The pulse fell to 44 and 46 for eight or ten days, and then slowly rose to 60. The slowing was a sign of near recovery.—*Lyon Médical*.—*Can. Pract.*

THE SOLAR PLEXUS IN TYPHOID FEVER.

Dr. LEVEN (*Gaz. des Hôp.*, January 30, 1883), of the Rothschild Hospital, draws attention to the fact that, among the numerous cases of typhoid which he saw during the late epidemic, there were very few unattended with abdominal symptoms, and he believes that these are frequently caused not so much by the disease itself as by the faulty practice of administering purgatives which excite the nervous system of the abdomen; and that the pain in the iliac fossa, which has been regarded as characteristic of the disease, is confounded with a hyperæsthetic condition of the abdominal parietes induced by the irritation of the right nervous ganglion produced by the same treatment. When diarrhœa is produced by purgatives given during the febrile condition, the nervous ganglion of the great sympathetic, placed at four centimetres distance from the umbilicus, becomes irritated, and tenderness is felt on pressure there. Whenever diarrhœa exists it should be arrested by means of bismuth, as its only effect is to aggravate the adynamia and exhaust the strength.—*Med. Times and Gaz.*—*Med. News*, March 3.

PREVIOUS SYMPTOMS IN TYPHOID POINTING TO PERFORATION.

In a communication by Dr. BYERS before the British Medical Association several cases are reported of death from perforation from typhoid ulceration of the small intestine. The following clinical features are believed to indicate the appearance of this serious accident:

1. The gravity of the case. Perforation is met with most frequently in the more serious cases of the disease. Liebermeister and Murchison both agree in this: the latter states that "in a large proportion of cases of perforation the previous symptoms are severe, and diarrhoea, as might be expected, is a prominent symptom. This was the case in sixty out of sixty-nine of my patients. In eleven of the sixty the symptoms of the peritonitis were preceded by considerable intestinal hemorrhage, and in many there was an unusual amount of abdominal pain."

2. As regards great tympanites, Sir W. Jenner says, "A single deep slough-formed ulcer will paralyze the action of the bowel and lead to such an accumulation of flatus as produces enormous distention of the abdomen." It is just in such a case that perforation would be likely to occur.

3. Continued elevation of temperature after the third week, in the absence of any complication, usually points to severe intestinal lesion.

4. As to constipation, Sir William Jenner has pointed out that "a single deep ulcer will paralyze the action of the bowel, and so cause constipation."

5. Another symptom is severe tremor.

6. Protracted headache in the early stages is believed by Dr. Broadbent to denote an unusually severe affection of Peyer's patches.

7. Dr. Cayley has directed attention to the value of *tache cerebrale* in enteric fever. He says it often lasts for some time after convalescence has set in, and he regards its persistence as an indication that the intestinal ulcers have not yet healed, and that therefore the patient is still liable to relapses and to the complications attending unhealed ulcers.—*Cin. Med. News*.

RARE SEQUELÆ OF ENTERIC FEVER.

From the *Medical Times and Gazette*, January 27, 1883, we learn that in the *Wiener Med. Woch.*, No. 50, Max Weiss has put on record a case of abscess of the brain occurring in connection with typhoid fever; and further, since gross lesions of the cerebrum in this disease are very infrequent, Max Weiss has prefaced the description of his case with notes of the literature of the subject. Griesinger, out of 118 cases of enteric fever, met with four instances of effusion of blood between the arachnoid and dura mater (there was no pachymeningitis, which is one of the most frequent causes of hemorrhage in this site); in two this happened in the third week of illness, in two in the marasmus after the disease had ceased. Buhl, out of 800 cases, met with two of softening with capillary hæmorrhage in the substance of the brain. Tommaso Galli has communicated an instance of aphasia occurring in the course of convalescence. Berger has recorded a case of left hemiplegia, which set in suddenly, with only transient disturbance of consciousness in the course of the disease. Duchek has contributed three examples which were observed in an epidemic characterized by little diarrhoea and abundant rash. In these individuals the symptoms were those of irritation and paralysis combined. Thus, spasm of the face, with lockjaw and stiffness of neck, back, and extremities, were mingled with ptosis, dilatation of pupil, and convergent squint (the third and sixth cranial nerves being paralyzed); one case showed cutaneous hyperæsthesia, and another aphasia. The above reports are interesting, but, in the matter of diagnosis of gross cerebral lesion, evidence other than that obtained at the post-mortem table is apt to be misleading, and cannot be trusted—*e. g.*, the symptoms of cerebral tumor are often observed in cases of renal disease. The case recorded by Max Weiss was that of a single woman, aged twenty-one years, who, six days before death, was suddenly seized with vertigo, after which the left side was found to be paralyzed. In the progress of the illness the left limbs were also the seat of clonic and tonic spasm. At the post-mortem examination there was discovered an abscess in the "motor" region of the right cerebral hemisphere; in the ileum, signs of a past enteric fever in the form of small, flat, shallow scars; and perimetritis, with catarrh of the uterus and Fallopian tubes.—*Med. and Surg. Rep.* April 14.

RESORCIN IN TYPHOID.

M. DESNOS has found resorcin very effective in reducing the temperature of typhoid. Under its use, the heat has fallen in a short time three degrees Cent., and the decline of temperature is accompanied by profuse sweating. It has proved more manageable than carbolic acid, and it has a good effect on the diarrhoea. As it is a safe remedy, it will probably prove very valuable in the treatment of typhoid. M. Desnos has, also, essayed the use of resorcin in the treatment of rheumatism and phthisis, but he concludes that it has no special value in these diseases.—*Med. News*.

COFFEE IN TYPHOID FEVER.

In the early stages of typhoid fever (*Medical Times and Gazette*), Dr. GUILLASSE, of the French Navy, has administered coffee with marked success. Three teaspoonfuls are given adults every two hours, alternating with one or two teaspoonfuls of claret or Burgundy wine. A beneficial result is immediately apparent. A little lemonade or citrate of magnesia is also administered daily, and after some time quinine is recommended.—*Gaillard's Med. Jour.*, March 17.

THE SALICYLATES AND HEMORRHAGES IN TYPHOID FEVER.

In the *British Medical Journal* Dr. FERGUSON calls attention to the increased frequency of hemorrhages, which he observed in typhoid fever patients treated by the salicylates. He raises the question whether these salts could favor the production of that accident. Dr. Fergusson's successor at an infirmary noticed similar results following the use of the salicylate of soda. The latter gave ten to fifteen grains of the drug, frequently, while Dr. Fergusson exhibited the salt in half-drachm or drachm doses at longer intervals. The question raised by Dr. Fergusson still remains an open one.—*Med. Record*, March 17.

GANGRENE OF THE FEMALE GENITAL ORGANS IN TYPHUS.

PETRONE (*Ann. Univ. di Med. e Chirur.*, 1882, Hft. 11,) gives the details of some cases, with reflections on the pathogenesis of this affection. In two cases it began with vulvar diphtheritis; in another with inflammation of Bartholini's glands and abscess formation. In Petrone's collected cases, the trouble appeared between the fifteenth and twenty-eighth day. In some the trouble was confined to the labia majora; in others, the vagina, or even the uterus, was affected. When the latter, two-thirds of the cases were fatal. In the remaining, there were narrowing or occlusion of the vagina, recto-vaginal fistulæ, etc. The treatment consists in the most scrupulous antiseptic precautions, tonics, nutritive food, etc.—*Centralbl. f. klin. Med.*—*Med. Times*, April 7.

SIGNS OF CONVALESCENCE IN TYPHOID AND SCARLET FEVER.

La France Médicale says that, according to a communication received from Dr. Chauffard, the occurrence of multiple superficial abscesses and that of polyuria are two signs of convalescence in typhoid fever. The *Lyon Médical* states that M. Manjot, in giving a description of an epidemic of scarlet fever at Belley, said the desquescence was always marked by an extraordinary slowness of the pulse. This slowness could not be attributed to a nervous or cardiac lesion, nor to the treatment or any toxic influence. It appeared on the fifth or sixth day, when the eruption began to fade, and continued during the desquamative stage until convalescence. The pulse fell to 44 and 46

for eight or ten days, and then slowly rose to 60. The slowing was a sign of near recovery.—*Med. and Surg. Rep. April 21.*

TO PREVENT PITTING IN SMALL-POX.

Dr. EMIL STEIGER, of Prairie du Chien, Wis., writes: "I have perused with much satisfaction the article of Dr. J. N. McChesney, on variola, but I was surprised not to see among the remedies against pitting a simple preparation which, in three epidemics during the last twelve years, has proved to me invariably successful. The fact that the preparation has given the utmost satisfaction in all cases where it was properly employed, including even those where I only obtained charge in the vesicular stage, may justify my presumption in publishing my treatment. Take of white lead (plumbum carbonicum), quantum lib., mix with linseed oil q. s. to make a cream-like paste, add to the bulk about five to six per cent. carbolic acid, and apply with a large camel's-hair brush repeatedly, so as to keep the surface of the face, hands, etc., permanently and fully covered.—*Med. Record, April 28.*

HÆMORRHAGIC MALARIAL FEVER.

W. L. SYKES, M. D., Isabella, Ga., writes: Malarial hematuria is very often met with in my practice; and when I am called to see a case of it, my first remedy is quinine. I begin treatment by giving patient five-grain doses of quinine sulph. every hour, with ten-drop doses of dilute muriatic acid, every three or four hours. I continue this treatment from twenty-four to thirty-six hours, or until hæmorrhage disappears; then I give five grains quinine sulph. every two hours, and instead of the muriatic acid I give

R. Muriated Tict. Iron, 1 $\frac{3}{4}$; Tinct. Nucis Vom., 1 $\frac{3}{4}$.

M. Sig. Ten to fifteen drops every six hours.

I give quinine to control the malarial poison, while the muriatic controls the hæmorrhage; after which I give the iron and nux vomica as a tonic and blood-purifier. Other symptoms must be controlled as indications present. I have been using the above treatment some time in my practice, with good results, and believe, if administered in due time, almost every case will recover.—*Med. Brief, March.*

QUININE AND POTASSIUM CHLORATE IN MALARIA.

Dr. BALDINI, Grado, Africa (*Medicinische-Chirurgische Rundschau*, December, 1882), claims that he has cut short seventy cases of intermittent fever by the use of these remedies. He gives twenty to thirty grains of quinine sulphate, with fifteen grains of potassium chlorate at a single dose.—*Gaillard's M. J., March 24.*

QUININE INTOXICATION.

A writer in the last number *Die Pharmaceutische Post*, says that as a remedy for the relief of quinine intoxication, as he calls the over stimulation caused by quinine in excessive doses, he has used ergot in several cases and finds that to neutralize the cerebral effect of one gramme of quinine at least one and a half grammes of powdered ergot or one gramme of ergotin must be employed. With this remedy the most annoying tinnitus may be entirely removed during the administration of quinine.—*Quinologist, April.*

INANITION FROM MALARIA.

A remarkable instance of the effects of improved food preparations has recently come under our notice. A little boy, aged 8, son of apparently healthy parents, living at the Mission, was for some months affected with

malarious poisoning: the usual remedies were used, and the more salient points of the disease subdued. The spleen and liver, however, were considerably enlarged. He was removed to a healthier locality, and there was every hope of success in his case, except the fact of his failing nutrition. He was wasting away, from no other cause than *inanition*. He became almost a breathing skeleton. The stomach refused even milk or other blandest food. It occurred to Professor Seymour of the Women's Medical College, to use the Beef Peptonoids of Reed & Carnrick. After a week we noticed great improvement in the boy's condition; and in a few weeks he has gained seven pounds in weight, and the remedies for reduction of the spleen and liver have had time to act, so that a full recovery can be safely predicted.—*Medico Literary Jour.*, March.

HAY FEVER AND INTERMITTENT FEVER.

R. Quiniae sulphat, grs., xx; liq. arsenici hydroch lorici, min. xc-cxxx; acid. sulphuric. aromatici, 3 ij; syr. zingiberis, ad 3 iij.

M. Sig. One teaspoonful in two tablespoonfuls of water after each meal.—*Drug News*.

MANACA IN RHEUMATISM.

F. W. PUTNAM, M. D., Binghamton, N. Y., writes: "I desire to relate, briefly, the history of one case of rheumatism, treated with fluid extract manaca. Was called to case at 6 P. M., February 20. Two years ago patient had a two months' siege with the same ailment. Has a decided rheumatic diathesis. Found him suffering from a combination of sciatic and muscular rheumatism. Ordered two glasses of hot lemonade and half a drachm of jaborandi at bed-time, a saline cathartic, and ten drops of fluid extract manaca, four times at night and every two hours the next day. Patient's bowels moved during the night. He arose from bed and became chilled. Perspiration had been free from the time he took the lemonade and jaborandi till this time. Called the next forenoon, and he thought he didn't feel as well. It was clear that the chill he received when his bowels moved had something to do with it. Ordered same treatment continued. The next morning he expressed himself as decidedly improved. I doubt not, had he remained in bed during the first night, he would have improved the second day. As it was a decided improvement showed itself in the thirty-six hours.—*Therap. Gaz.*, March.

CAPSICUM IN RHEUMATISM.

Powdered capsicum as a remedy in subacute and chronic rheumatism has been recommended by Mr. A. Drummond McDonald in the *British Medical Journal*. Two drachms to the ounce of lard, to which one of the essential oils may be added to make it more elegant, is the proportion mentioned. It is to be thoroughly rubbed over the affected part by a gloved hand for ten minutes at a time night and morning, or at bed time only, according to the effect produced. Dry heat applied afterward intensifies its effect, which lasts for some time.—*Med. Record*, March 3.

ICHTHYOL IN THE TREATMENT OF ARTICULAR AND MUSCULAR RHEUMATISM.

Dr. RUDOLF SCHRÖTER, of Hamburg, has discovered a peculiar oily compound, which he calls ichthyol. It is obtained from a bituminous substance found in certain fossiliferous rocks. This is distilled and treated with sulphuric acid. Dr. P. G. Unna states that its action in acute and chronic articular and muscular rheumatism is astonishing. Several of his colleagues

report similar results. Ichthyol has been used chiefly in skin diseases, psoriasis, etc.—*Monatshefte f. Praktische Dermat.—Med. Record.*

POISON IN THE KINDERGARTEN.

It goes without saying that our children ought not to be poisoned. Yet in the Kindergarten, one very serious and mostly unsuspected danger has been brought very forcibly to our notice within the last few days, and we call instant and urgent attention to it.

An analysis of eighty-four samples of the paper used in the Kindergarten weaving, shows that *arsenic* is present to a considerable extent in a large number of the papers, and in eight of the samples to a very dangerous degree. The danger is especially great when we remember that young children not only handle them, but are very apt either to handle them with wet fingers or even very often to put them into their mouths and chew them. All of the eight worst papers were of the brightest and therefore the most attractive colors, three being greens, three reds, one blue, and one purple. They were all taken from the sample book of one Massachusetts firm, who supply such papers in large quantities all over the land.

In one respect the firm is commendably honest. In their catalogue they openly state that many of the papers do contain arsenic, and that the brightest greens and reds cannot be made from other than arsenic colors. But they make light of the whole affair, saying, that "a child old enough to use the paper material should be too old to put such things in its mouth." As if *any* one under seven, at which age children leave the Kindergarten, were too old to put such things in its mouth. Moreover, they quaintly add, "we have yet to hear of a single Kindergarten pupil that has ever been injured by the use of the colored papers." Do they propose to go on furnishing papers known to be poisonous till they *do* hear of a child poisoned by them? Surely after the repeated exposure of the dangers of arsenic in wall papers it is little less than criminal to continue to make them, and least of all to make them for the use of children.—(Editorial in) *Med. News*, Mar. 24.

TRANSFUSION IN GAS-POISONING.

HENRY J. GARRIGUES, M.D., New York, writes:—

On the 17th of February last I was requested by Dr. Ferd. E. Valentine to assist him professionally in the treatment of a case of poisoning with illuminating gas.

A gentleman, forty-two years old, of excellent constitution and of strong build, on retiring in the evening, had blown the gas out, instead of turning it off. The room had the size of an ordinary hall room, and there was only one gas-bracket, placed near the window. The next morning, at six o'clock, a strong smell of gas was noticed in the corridor, and traced to the room occupied by the said gentleman. The door and transom being locked from within, an entrance was made through the window. The air in the room was suffocating; the stop-cock on the gas-fixture was found open; and in the bed the gentleman was found lying unconscious. Dr. Valentine and Dr. James H. Anderson applied hot bottles and mustard plasters to the skin, had the feet rubbed with a stiff brush, made him smell ammonia, and instituted artificial respiration. When I saw the patient, at 8 A.M., he was lying on his back; the face was pale, the conjunctivæ injected, the pupils dilated to the utmost degree and immovable. A well-marked strabismus internus was present. The breathing was puffing—22 per minute. The pulse was barely perceptible at the wrist—108 in the minute. Reflex action was active, but consciousness entirely gone. He frequently ground his teeth. Some sub-sultus of the tendons was observed, and all the muscles were in a high state of contraction, especially the flexors. The hands were clinched, the arms bent over the chest, and the knees drawn up.

I suggested to bleed the patient and perform transfusion, which being unanimously agreed upon, we proceeded at once to the operation. I took eight ounces of blood from the arm of a strong and healthy young negro. While it ran into a bowl, Dr. Valentine kept beating it with a fork. Next it was strained through a double layer of muslin—a clean pocket-handkerchief—in a tin funnel, and received into another bowl placed in a basin with hot water.

While the blood was being strained, I tightened a bandage above the elbow of the patient. No veins became sufficiently prominent at the elbow, but I could distinctly feel a branch of the basilic a little lower down on the forearm. I made an incision, three-quarters of an inch long, through the skin, at an acute angle with the course of the vein, and dissected the adipose tissue off from the vessel. I introduced a probe under it, and bent it at the upper end, so as to form a hook, preventing the probe from falling. I made a small incision in the vein with a lancet, and evacuated about eight ounces of dark blood. While the blood was flowing, the breathing improved somewhat. When Dr. Valentine reported that the pulse on the other arm became very small, we stopped. Then I introduced the nozzle of the transfusion apparatus, which I constructed and described in 1878 (see "*American Journal of Obstetrics*," vol. xi, p. 754), into the vein, which it filled entirely. Assisted by Dr. Anderson, I injected very slowly about six ounces of the defibrinated blood. During the injection, which took about three-quarters of an hour, pulse became fuller and sank to 92 per minute, and the breathing, although retaining its frequency, became so natural in character as to resemble that during normal sleep. When we had finished, the patient could be roused sufficiently from his comatose condition to make him swallow some ammoniated water and black coffee; but, as he was yet very sleepy, he was constantly roused by Dr. Valentine, by means of flagellation and the application of the electrodes of a Gaiffe's faradization apparatus, one of which ended in a metallic brush.

Three hours later he was sufficiently aroused to recognize his friends, and even speak a few words. The pupils had become smaller, and responded to light. At the end of the next two hours, consciousness had so entirely returned that Dr. Valentine, who at that time was the only physician present, allowed him to take short snatches of sleep. At half-past seven, pulse and respiration were normal; the patient laughed and chatted cheerfully, and had only a slight headache. As a precaution, he was ordered to be waked up every hour during the night. The next morning he felt perfectly well, except some soreness produced by the divers cutaneous stimulants used on the previous day. His pulse was full, and beat 64 in the minute.

The symptoms were those commonly observed in poisoning by *oxide* of carbon, with the exception of the color of the blood, which in that poisoning is said to be light-colored, like arterial blood. In our case it was dark, as venous blood commonly is. This is probably due to the fact that illuminating gas is carbon *hydrogen*.

I report this case in order to call attention once more to the advantages offered by transfusion. Here it was not a case of acute anæmia which called for the operation, but one of toxæmia. We had to deal with a man who, although somewhat improved by cutaneous stimulation, was yet in a very precarious condition. The mere evacuation of some of the poisoned blood gave some relief, but the effect of the injection of fresh, defibrinated, healthy blood, full of oxygen, was instantaneous, and impressed all of us most favorably.

A chief point in the operation is to inject so slowly that the blood enters the vein merely in a thin stream, or almost drop by drop. After having been used, the apparatus must be taken to pieces, and every part of it scrubbed and disinfected by immersion in a five-per-cent. solution of carbolic acid. When it is to be used again, it suffices to let some clean water go through it before it is used for the blood. All air must be driven out by compressing the bulb entirely; but when once the whole apparatus is filled with blood, it ought only to be worked by slight compression between the thumb and the index finger.—*N. Y. Med. Jour.*, Mar. 3.

DEATH FROM PETROLEUM BY SUFFOCATION.

During the night from September 18 to 19, 1882, twelve young girls died in the institution Cavaller Maggiore in Piedmont the death of suffocation, because they had permitted a kerosene lamp to burn during the night, after they had turned it half down. The flame evidently communicated itself to the fluid in the lamp, and gradually abstracted all oxygen from the room, which fact was the cause of the suffocation. The dead bodies showed all the signs of death by suffocation.—*Med. and Surg. Rep.*

EFFECTS OF SEWER-GAS POISONING.

A statement is made by Dr. C. C. VANDERBECK that the Medical Officer of Health to the Bocup Local Board of London has traced directly and unquestionably to sewer-gas poisoning cases of the following:

1. Submaxillary abscess and enlarged cervical glands. 2. Cervical abscesses. 3. Axillary abscess, with summer diarrhœa. 4. Inguinal abscess, with summer diarrhœa. 5. Facial abscess. 6. Pelvic abscess, with summer diarrhœa. 7. Multiple abscess. 8. Temporal abscess. 9. Typhoid fever. 10. Diphtheria. 11. Puerperal septicæmia. 12. Summer diarrhœa.—*Med. and Surg. Rep.*

POISONING BY APOMORPHIA.

That this drug is not, as has been claimed for it, an absolutely safe emetic, seems to be shown by some cases quoted in the *Edinburgh Medical Journal* for February. The first is by Dr. Pécholier, professor in the Faculty of Medicine of Montpellier, who gives an account of his own poisoning with this substance. Overworked and enfeebled physically by the milk diet which he had adopted for the preceding three months, Dr. Pécholier began to suffer from a very painful attack of rheumatic sore throat. During seven days he treated himself successively by salicylate of soda in doses somewhat larger than usual (six grammes at first, and four grammes at each of two other doses), by injections of morphia, and by the application of leeches to the neck. Not finding relief, he had recourse to an injection of about thirteen milligrammes (one-fifth of a grain) of apomorphia. At the end of two minutes he was seized with very severe nausea without vomiting; respiration ceased completely, but returned in an irregular fashion, and left a state of inexpressible anguish. The colleagues of the patient, who were brought in great haste, gave a second dose of apomorphia, which caused vomiting, followed by fresh collapse, lasting from thirty to thirty-five minutes, during which time the respiration remained infrequent and stertorous, the pulse feeble and irregular, and the face livid. The application of sinapisms and a subcutaneous injection of sulphuric ether brought the patient out of this condition. In the evening there remained merely traces of the effect, and at the end of four days the angina itself had almost entirely disappeared. As to the cause of this unexpectedly energetic effect of the apomorphia, Dr. Pécholier thinks that the existing anæmia and the other circumstances mentioned above are more to blame than the morphia or the salicylate of soda, although the latter was taken too freely. In his remarks he calls attention to the close connection between the centres for vomiting and respiration in the medulla as explaining very satisfactorily the action of apomorphia on the respiration. In conclusion he recommends caution in the use of the drug and in the employment of the hypodermic method. Two other cases are also referred to in the same journal where sudden failure of the heart's action and death occurred in boys aged eight and six years after the hypodermic injection of one-thirtieth to one-forti-fifth of a grain of apomorphia. In both cases the emetic action had been absent.—*Boston M. and S. Jour.*, April 5.

APOMORPHIA IN CASES OF POISONING.

The alkaloid should be kept in a solution of 1 in 50 strength, and be given subcutaneously in doses of from 3½ to 10 minims ($\frac{1}{12}$ — $\frac{1}{8}$ grain). Emesis occurs in from two to five minutes, the contents of the stomach being usually voided in one rush without previous nausea, but with violent and visible muscular action of the stomach walls.

Dr. A. Routh injected five minims of the above solution in a case of poisoning by oxalic acid. Emesis occurred in 2½ minutes by the watch. The case did not recover. A lady had swallowed two bottles and a half of brandy. Shortly afterward she became comatose, respiration stertorous and infrequent, pupils dilated and insensible, jaws clenched, pulse slow, and intermitting two or three beats in every eight. Three drops and a half of the solution were injected, and in exactly three minutes and a half, about a pint of alcoholic liquid was expelled, and altogether, in about five minutes, a quart (measured) of hardly altered brandy was vomited. The pulse and respiration now improved, the pupils becoming slightly sensible. After twelve hours' sleep she awoke none the worse.

The advantages of apomorphia are its celerity of action and that it can be given under the skin. It fails to cause vomiting in chloroform narcosis, but no other drug seems to be antagonistic to it, and there is no reason why it should not be used to get rid of even morphia itself.—*Can. Pract.*, April.

ANTIDOTES FOR PHOSPHORUS.

According to Prof. C. W. WRIGHT, of Louisville, it is upon the property of phosphorescence, or one closely allied to it, that the poisonous action of phosphorus is based. Destroy this power of phosphorescence, he says, and this element is no longer a deadly poison, either when swallowed, or by the action upon the bones of the upper and lower jaw. The phosphorescence of this element is accompanied by the development of ozone, and any substance which has the power of destroying ozone will arrest the luminosity of phosphorus, and, what is of still greater importance, destroys its poisonous action. In fact, phosphorus is not of itself a poison, but the ozone which it has the power of developing out of the oxygen of the air is the sole cause of the fatal results which follow its introduction into the system. This I have repeatedly demonstrated by experiments on the lower animals; and in two cases of accidental poisoning in human beings, the same facts have been proved. This is a subject, however, that properly belongs to the medical profession, and I will simply state that ten or fifteen drops of spirits of turpentine, mixed with an ounce or two of sweet oil, or any liquid fat, will prove an efficient antidote to elementary phosphorus or any substance, such as the tips of matches, or certain rat poisons, with which it may be incorporated. Other volatile oils, such as sassafras, may be employed when turpentine is not at hand. It is not every specimen of turpentine that will prove antidotal to phosphorus. Any substance that has the power to instantly destroy the luminosity of this body will prove effectual as an antidote; and the only assurance we have of the efficiency of any agent is to test it beforehand.

Phosphorus is, then, not of itself capable of producing inflammation of any tissues of the body; but ozone, which it has the power of evolving from the oxygen of the air, is the cause of all the local mischief which results from its contact with certain parts of the body. That this body may produce certain general effects when it finds its way into the circulation, we do not doubt, but these are distinct from its local action.—*Druggist's Cir.*, April.

ALTERATIONS OF THE SPINAL CORD IN POISONING BY PHOSPHORUS.

The results of the researches of Dr. DANILLO (*Gazette Méd. de Paris*, 1882,) on this subject are as follows: 1. The alterations of the spinal cord in phosphorus-poisoning belong to the class of myelitis, either central or diffused.

2. In cases of acute poisoning, the central nervous system contains deposits of pigment of hæmatic origin. This has, heretofore, not been noted. 3. Large doses of phosphorus give rise to a central myelitis along the whole length of the cord, with the formation of extravasation and pigment. Smaller and repeated doses give rise to a diffused myelitis, affecting the gray and the white matter. 4. Phosphorus thus presents us with a powerful means by whose aid we may excite, at will, an inflammatory irritation in the spinal cord, either localized in the gray matter, or diffused. 5. A certain number of morbid nervous phenomena, observed during life, are to be attributed to the effects of one or the other of these two kinds of myelitis.—*Med. Times.*

CHLORAL POISONING TREATED BY STRYCHNIA.

B. W. STONE, M.D., Hopkinsville, Ky., writes: December 13, 1882, Tom K., a strong, outdoor, colored lunatic, of good disposition and habits, aged about fifty-five years, insane twenty-five years, stole from his attendant's room a two-ounce vial containing a solution of hydrate of chloral, thirty grains to the dram, from which only one dram had previously been removed. Chloral was manufactured by E. Schering, of Berlin. Patient had not taken a narcotic for five years, and is not suicidal. At 7 A.M., in the presence of a highly improved and reliable patient, he swallowed the remainder of the contents of the vial, leaving only about fifteen minims at the bottom. The quantity taken could not have been less than four hundred and twenty-five grains, and may have been four hundred and thirty-five.

The treatment of the case illustrates the great power of strychnia in re-exciting the nervous energies of the heart and lungs after they have been dangerously paralyzed by chloral. The prompt effect of each hypodermic at the most critical periods goes far toward establishing the physiological antagonism of the two drugs. The earlier hours in the progress of the case were characterized by more profound impairment of respiration. The frequency, force, and depth of the acts were invariably improved by the injections of strychnia, and the secretions accumulating to an alarming extent in the lungs were gradually removed. The hyper-secretion was doubtless due to the vasomotor paralysis. The circulation did not show the same speedy and continuous improvement as did respiration. The latter gave no concern during the later stages of the case, while the weakened, rapid, and irregular heart's action continued, in gradually diminishing degree, to exhibit the paralyzing effect of the chloral for full twenty-four hours.

As to the effects of chloral upon the brain, consciousness was in complete abeyance for about ten hours, and was not fully operative for five hours more. The unnatural disposition to sleep lasted about thirty hours.

The activity of the skin was greatly impaired, and the surface temperature was markedly reduced.

The suppression of all action of the kidneys is noticeable, as well as its speedy resumption when general improvement set in.

Some of the authorities advise a similar plan of management in cases of chloral poisoning to that practiced in opium poisoning. In the light of our case, such advice would be mischievous. Instead of passive motion, flagellation, etc., so useful in opium poisoning, complete rest of the body is imperatively required to sustain the weakened and struggling heart. Electricity, of first importance in the treatment of opium poisoning, was apparently of little value here. In opium poisoning passive motion excites muscular resistance and tension and even violent exhibition of more than ordinary strength. In the profound paresis affecting especially the entire voluntary muscular system, produced by chloral poisoning, no such resistance would be possible. Atropia, much lauded in opium poisoning, was not tried, but would probably be of service in chloral poisoning.

Levenstein saved a man with strychnia who had taken three hundred and sixty grains of chloral. Dr. Eshleman, of Philadelphia, reports a recovery after four hundred and sixty grains had been swallowed. Dr. Madigon, of

the New York City Lunatic Asylum, reports recently an ounce of chloral taken by a lunatic, a part of which was removed by the stomach pump. The man recovered (without other treatment, if the case is fully reported,) after a sleep of forty-eight hours. This is the only case I have seen reported where the stomach was even partially evacuated, whether by the stomach-pump or emetics. The employment of either in our own case we believed to be dangerous and unwarrantable.—*Louv. Med. News*, Mar. 24.

AN OUNCE OF CHLOROFORM TAKEN WITH SUICIDAL INTENT. —RECOVERY.

C. H. MERRICK, M.D., Seattle, Washington Territory, writes:—When I arrived at the bedside of the patient, fully forty-five minutes had elapsed since she had swallowed an ounce of chloroform. The patient is thirty-six years old, and has suffered for fifteen years with some kind of uterine disease, and, becoming tired of life, attempted to end her sufferings as above indicated. I found her in a close room, her head elevated on pillows, and her lungs just perceptibly in motion. I lowered her head, then opened the windows, let a draught of air blow over her, and injected a drachm of brandy hypodermically. She soon ceased to breathe. I then commenced artificial respiration, and continued it without a moment's intermission for fully two hours. During the two hours I injected four ounces of brandy at regular intervals, using a syringe-full at each injection. I also injected one-tenth of a grain of digitaline, which lessened the rapid beating of the heart, then going at literally an unaccountable speed. Nitrite of amyl, a few drops on her handkerchief, and held to her nose at various intervals, acted very promptly, flushing the face and strengthening the respirations. After fifteen hours of unremitted watchfulness, I had the satisfaction of saying to her two daughters that their mother was safe. The soreness arising from the punctures of the syringe caused some trouble for a few days, but the patient is now doing well, and seems more cheerful in mind than formerly.—*Med. and Surg. Rep.*, Mar. 17.

ATROPIA-POISONING.—MORPHIA AS AN ANTIDOTE.

The following is from a letter by Dr. J. B. Cox:—I take the liberty of calling your attention to a case of atropine-poisoning occurring in the person of a physician near Shannon, Mississippi, and treated by Dr. Carothers of that place.

He had swallowed by mistake on an empty stomach one grain by weight of atropine. He was not aware of his mistake until symptoms of atropine-poisoning occurred, consisting of dilated pupils, dry and hot skin, dry throat, and drawling and incoherent speech, followed by convulsions. Dr. Carothers injected hypodermically *sixteen to eighteen* grains of morphia, and under its influence the patient recovered. There were no symptoms of narcotism from the use of the morphia, which would seem to show that the antagonism between these drugs is mutual. The patient not having been addicted to the opium habit, the amount of morphia injected would have produced death had there been no antagonism by the atropine. The limited protective influence of atropine in opium-poisoning is clearly established; do not the foregoing facts tend to establish the converse?—*Medical Times*.

POISONING BY PYROGALLIC ACID.

Dr. ERNEST BESNIER reports four cases in which friction with an ointment of pyrogalllic acid in cases of psoriasis produced marked symptoms of poisoning. The most severe symptoms were produced suddenly in all cases: hæmoglobinuria and hæmaturia, violent diarrhœa, and pulmonary œdema, accompanied by great collapse; death resulted in two cases. Dr. Besnier be-

lieves that the most satisfactory treatment of such conditions is to administer hypodermic injections of ether, inspiration of oxygen, and the free administration of alcohol in small and repeated doses, combined with revulsives, such as cold wraps applied to the skin.—*Ann. de Dermatol. et de Syphilog.—Med. News.*

POISONING BY A DRACHM OF CITRATE OF CAFFEINE.

At a recent meeting of the Medical Society of London, Dr. Routh read notes of a case of poisoning by citrate of caffeine. The drug had been prescribed in drachm doses, three times a day, for the relief of severe headache in a man under treatment for debility. Bishop's effervescent preparation was intended, but the pure drug was sent. Fifty minutes after taking one powder he complained of burning sensation in the throat, of giddiness; there was vomiting and purging, with pain in the belly. He then became almost paralyzed, and was affected with tremors, but his intellect was clear. Dr. Routh found him an hour later collapsed; pulse about 120. Ipecacuanha was given as an emetic, but failing to act, some animal charcoal, with nitrite of amyl and ether was given. Vomiting subsequently took place, and ammonia, alcohol, and nitro-glycerin were given. For some hours he remained much depressed, and did not rally completely till 1:30 A.M. next day, or nine hours after taking the caffeine. Nitro-glycerin in one-minim doses was given every two hours, with digitalis, and in about three days he recovered to his former state.—*Lancet.—Med. Times, April 21.*

POISONING BY DAMIANA.

Damiana, one of the new remedies, when taken in a poisonous dose produces effects similar to those of Strychnine. Dr. W. H. Bently relates in the *Therapeutic Gazette* the particulars of a case in which a large amount of the drug had been taken, mixed with apple-brandy, by an intoxicated man. In half an hour he was seized with tetanic convulsions, which increased in frequency, duration and severity, with well marked opisthotonos. He was treated by chlorform inhalations, with camphor and tannin internally. Electricity was employed along the spine and over the stomach and bowels, and he was soon able to walk a short distance, but with evident loss of co-ordinating power.—*Medical Rev.*

UNPLEASANT EFFECTS OF QUININE.—BROMIDE OF POTASSIUM.

Dr. J. A. KITE reports a case in which drugs could not be retained by the stomach, and a rectal injection of ten grains of bisulphate of quinine was ordered to be taken every three hours. Following the third injection, a severe headache with buzzing in the ears, accompanied by slight hallucinations. He gave an enema of thirty grains of bromide of potassium, and before fifteen minutes had elapsed all the distressing symptoms disappeared, and the patient passed into a quiet sleep.—*Med. News, Apr. 21.*

INJECTIONS OF CHLORIDE OF LIME FOR SNAKE-BITES.

Prof. BINZ in seventeen cases found that filtered solutions of chloride of lime injected into the place where the virus entered, prevented any poisonous symptoms appearing. The suggestion is made that in cases of the bites from hydrophobic dogs, the same plan may be pursued.—*Med. Record, Mar. 31.*

ALCOHOLIC COMA.—HOT COFFEE.

In cases of alcoholic coma, the introduction of a pint of hot coffee either into the stomach or the rectum is a safe and efficient expedient.—*Med. Times.*

DISEASES OF THE NERVOUS SYSTEM.

LATHYRISMUS.

As this term may be new to our readers, it is, probably, desirable to enter into some explanatory details. *Lathyrus* is a genus of leguminous plants, and *lathyrismus* is a condition of the system induced by the consumption of a bread composed, in part, of the flour of *Lathyrus cicera* (everlasting pea). As ergotism results from the long-continued consumption of ergotized rye, so lathyrismus is produced by the persistent use of a bread composed in part of a flour of lathyrus. Quite independently of its economic aspect, the use of a flour producing such effects, has an importance determined by the character of the attendant phenomena.

In 1873, lathyrismus was reported on by Prof. Cantani, after an investigation made of the disease as it appears in certain parts of Italy. It is not limited to Italy, however, since Bourlier, in 1882, described, in a clinical lecture, the same malady as it appeared in Algiers. Last year, also, Dr. Giorgeri, of Parma, gave an account of two new cases which had occurred under his observation. The accounts thus far published agree in the character of the nervous disturbances produced by this substance. The effects of lathyrus, or the condition called *lathyrismus*, correspond closely to the symptoms belonging to antero-lateral sclerosis. The same gait; the same spastic rigidity of the muscles; and the accompanying nervous disturbances characteristic of this disease, are reproduced in the affection caused by lathyrus. These results may be due to the presence of an alkaloid in lathyrus, or they may be the product of changes effected in the intestinal tube. The former view has no novelty, but the latter opens a wide range of speculation, and is suggestive both from the physiological and from the chemical side. As from amygdalin and emulsin, both without toxic action, hydrocyanic acid, the most powerful of poisons is produced, so it is possible, under conditions not now comprehended, for other innocuous agents to become the means of generating morbid principles. In the acute infectious diseases, alkaloidal substances are formed in the intestinal canal, and in dead bodies ptomaines are elaborated. It may be, that under some circumstances, articles of food, in themselves harmless, become the agencies for the formation of disease-producing materials. In the search for an explanation of morbid actions occurring in the nervous system, such agencies should have due recognition, in the absence of more specific causes.—*Editorial in Med. News, March 17.*

THOMSEN'S DISEASE.

Professor WESTPHAL recently showed to the Berlin Medical Society two patients suffering from a very unique affection which he christened at the time, and very appropriately, with the name of Thomsen's Disease. Dr. Thomsen, a general practitioner in Schleswig, first described the trouble in 1876, having himself been a victim to it all his life. Since his description was published only eight similar cases have been reported, and so far the disease appears not to have been observed in France, England, or America.

The prominent symptom is the following: When the patient under certain circumstances attempts voluntary movements, the muscles undergo tonic contraction, and the movement is stopped or hindered. Thus, after long sitting or standing, if the person tries to move, he finds his muscles so stiff that it is at first impossible to stir. The same thing follows after rapid and powerful muscular movements. The unfortunate patient, in trying to run or dance, is suddenly overcome with muscular stiffness. If he throws a stone, the extended arm remains rigid. Sudden irritations, either physical or mental, also bring on the spasm. If, while walking along, the foot strikes a stone, the leg becomes rigid and the patient may fall down. In some of the cases

simply concentrating the mind upon the trouble would bring on some evidences of it.

The spinal nerves are most affected, but the innervation of the face, and even of the ocular muscles, is particularly interfered with. The smooth muscles are not disturbed. The muscles undergo an increase in volume, though not in proportionate strength. Their electrical reactions are unaffected. Microscopic examination of the fibres shows nothing abnormal. The reflexes are normal. Sensibility is undisturbed and the contractions and stiffness do not cause pain.

The cause of the disease is not known, but it has a curious hereditary tendency. In fact most of the cases have occurred in Dr. Thomsen's family, where it has been traced through four generations. Dr. Thomsen was inclined to think that the trouble had a psychical basis, but Westphal believes it to be an anomaly of the muscular tonus. Treatment accomplishes little or nothing. The disease is a pathological curiosity, and a highly interesting one.—*Med. Record*, April 14.

TREATMENT OF APOPLEXY.

At a recent meeting of the Soc. de Therapeutique (February 14), M. GUYET reported a case which provoked considerable discussion. He was called to attend a patient, whom he found in a state of coma, with marked stertorous breathing, contracture of the lower limbs, and a flaccid condition of the upper. Under these conditions he considered himself justified in bleeding, but hardly a wineglassful of blood had been taken when the patient sank into syncope and died.

In the discussion, M. Dujardin-Beaumetz considered first the causation of apoplexy. It is due either to cerebral congestion, or hemorrhage, or to cerebral anæmia.

In cerebral hemorrhage or anæmia, almost impossible to distinguish in practice, and both resulting from vascular lesions, bleeding is contraindicated. Bleeding to arrest hemorrhage should logically be pushed to dangerous syncope; otherwise it is useless.

In anæmia, bleeding is irrational, and has no influence on the vascular lesions, and the arterial obstructions which are the dominating cause in production of the derangement of cerebral circulation. In the rarer cases of sudden cerebral congestion, bleeding would perhaps be admissible.

M. Constantin Paul believes that bleeding may be of service in apoplexy, not as affecting the cerebral lesion, but as acting on the apoplectic condition, on the asphyxia and stasis of blood in the veins. He has seen the condition of such patients very markedly improved, particularly where the apoplectic condition followed epileptic convulsions.—*Med. and Surg. Rep.*, April 28.

INDICATIONS FOR THE USE OF DIFFERENT KINDS OF ELECTRICITY.

To recognize the differential indications is one of the most difficult things in medicine. We have, says Dr. A. D. Rockwell in the *New York Medical Journal*, galvanic, faradic and franklinic, or static electricity, each one of which differs from the others in its therapeutical properties. In hemiplegia, where there exists an exalted electro-muscular contractility, electricity, if used at all, should be used in the form of faradization, and with an exceedingly mild and rapidly interrupted current. On the contrary, when there is a very great diminution of electro-muscular contractility, the galvanic current is indicated. When we wish to directly affect the central nervous system the constant current is alone applicable. As a general rule, it will be found that in neuralgia, where firm pressure over the affected nerves aggravates the pain, the galvanic current is indicated, while when the opposite condition obtains, the faradic current will prove more useful. In what we

call "*general debility*," the faradic current is indicated. Asthenopia, accompanied by hyperæsthesia of the retina and ciliary nerves, seems to demand the faradic current; as is also the case in diphtheritic paralysis. The so-called spinal irritation or spinal neuralgia calls exclusively for galvanism, as well as in sequelæ of cerebro-spinal meningitis; also will it oftentimes afford much relief in exophthalmic goitre.

For the restoration of the lost senses of taste and smell, galvanism succeeds when faradism fails. So also in skin diseases, where electricity is of service, the galvanic current is the one indicated. For herpes zoster, in electro-surgery and in the treatment of erectile tumors, galvanism reigns supreme. It is to be preferred as a foeticide in extra-uterine pregnancy. In sthenic chorea it is indicated, while in the asthenic form faradism must be used. The same rules will guide in amenorrhœa. The pain of muscular rheumatism will be relieved sooner by franklinization than by either of the others, and its use is more particularly indicated in pain confined to no special nerve trunks, dull and aching in character, and with no tenderness on pressure. Study first dynamic electricity, and then go to franklinism.—*Med. and Surg. Rep.*

ALLOCHIRIA.

A peculiar sensory disorder, in which peripheral irritations upon the surface of the body or extremities are felt as if coming from the opposite side—that is, a sensory impression is referred not to its proper locality, but to a corresponding one on the other half of the body—was termed by Obersteiner, of Vienna, "*allochiria*." It has been noticed most frequently in cases of locomotor ataxia, though not restricted to cases of spinal sclerosis, and has been found to be associated with disease, inflammatory in character, of the posterior horns of gray matter. Anæsthesia is not a necessary concomitant of allochiria; but where there is a lesion of both posterior horns at a different level, there may be anæsthesia upon one side and allochiria upon the other. The character and symptoms of this peculiar nerve-disorder have recently been considered in a paper read before the New York Neurological Society by Dr. Hammond, in which the symptoms, morbid anatomy, and mode of production of the disease are explained by references to the physiology of the gray matter of the cord and of the mode of perception of sensory impressions.—*N. Y. Med. Jour.*

NERVOUS DYSPHAGIA.

A man, thirty years of age, had suffered from childhood with extreme nervousness. He stated that he had always had more or less difficulty in swallowing. But six years ago, in attempting to swallow a piece of meat, he was seized with a severe attack of suffocation. This was repeated a few years later, upon eating a soft-boiled egg. The patient was very excitable, becoming greatly agitated from slight causes. He complained also of a feeling of weakness. The act of deglutition, besides the expression of anxiety, was seen to be accompanied by a general trembling of the entire body. At times there were hypochondriacal delusions. Bromide of potassium, galvanization, the cold douche, and other remedies were tried unsuccessfully. If the patient could be engaged in conversation while eating, the act of swallowing became much more easy. Attempts to introduce a stomach-pump, were followed by very great excitement and distress. The patient was finally discharged unimproved.—*Ber. Rudolph-Stift., Wien, 1882.—Med. Record, March 24.*

TROPHIC CHANGES IN LOCOMOTOR ATAXIA.

Fresh observations continue to be made of disturbances of nutrition in association with locomotor ataxia. Besides the familiar diseases of the joints

and bones, and perforating ulcer, there have recently been recorded peculiar affections of the teeth and nails, ending in their shedding. Thus, Devange (*Revue de méd.*, No. 8, 1882,) describes a case of tabes in which all the upper teeth fell out in a short time, without pain of the usual kind, but with darting "lightning" pains through the face, and disturbance of sensibility in the region of the trifacial nerves. Post mortem, the floor of the fourth ventricle presented sclerosis, which involved the nuclei of the ninth, tenth, and eleventh nerves, the restiform bodies, and some of the neighboring parts; sclerotic change was distinctly seen in sections of the trigeminus, where it leaves the pons. In another very similar case, the loss of teeth was confined to the upper jaw. The post-mortem appearances were almost exactly like those just enumerated, but more marked on the left side. One of the instances of loss of the toe-nails is given by Joffroy (*Arch. de phys.*, etc., 1882, No. 7). The great toes were the members affected, and there was no accompanying pain; the nails simply looking dark, with sub-ungual ecchymosis. The part was soon restored. Pitres relates in the *Progrès méd.*, No. 8, 1882, somewhat similar cases, in which, however, both great toe-nails were shed repeatedly; often deep-seated, dull pain, and a sensation of creeping in the affected parts for several weeks; and there was no ulceration or suppuration in these cases any more than in Joffroy's, and the new nails were in every instance perfectly formed, with the exception of slight superficial irregularities. An interesting instance of necrosis of the phalanges of the two great toes, in a case of locomotor ataxia, is described by Dr. Russell, of Birmingham, in the *Med. Times and Gaz.*, Aug. 19, p. 210.—*Brain*.—*Jour. Nervous and Mental Dis.*

PROGRESSIVE MUSCULAR ATROPHY.

SEELIGMULLER (*Centralblatt für Chirurgie*) has had under observation twenty-eight cases. The disease commenced in thirteen cases in the hand and six in the arm, six in the shoulder and three in the lower extremities. He believes that the observation of Friedreich, that the disease commences in the voluntary muscle, which is continuously misused or exercised, is correct, and has found that tertiary syphilis may present the very picture of progressive muscular atrophy. A thirty-year-old porter who had acquired syphilis eleven years previously first noticed attenuation of one thigh and then the other, which became extreme. Besides there was well-marked osseous syphilis of the tibiæ, ulnæ, and clavicle. Energetic frictional treatment and iodide of potassium produced rapid recovery and complete *restitutio ad integrum* of the diseased muscles. Inflammatory manifestations, such as occur in specific myositis, were absent.—*Gaillard's Med. Jour.*, April 7.

JABORANDI IN MELANCHOLIA.

Dr. H. M. HURD (Report of the Michigan State Lunatic Asylum for 1881-82) finds that in certain cases of melancholia, which pick the flesh of their faces, hands, and exposed surfaces of the body, this action being due to an actual cutaneous anæsthesia described as "stiffness" or numbness, jaborandi in three to five drop doses has afforded marked relief. One patient who had a delusion that her flesh was filled with worms, and was constantly endeavoring to pick them out, relinquished the delusion for several weeks. The drug has at times to be discontinued from its producing an excessive sialorrhœa.—*Gaillard's M. J.*, April 14.

MONOBROMATE OF CAMPHOR IN INSANITY.

Dr. H. M. HURD (Report of Eastern Michigan Lunatic Asylum, 1881-82) says that this drug promises to be of lasting value in the treatment of certain cases of insanity accompanied by mild excitement and perversions of the

sexual instincts; also in hysteria and states of mental weakness characterized by emotional disturbance. It is mildly hypnotic and anaphrodisiac, but to procure hypnotic effect must be given in pretty full doses. In one instance mild bromism followed its use. It does not irritate the stomach; it lessens pulse frequency and number of respirations, and lowers body temperature. No disorders of speech or motility follow upon its prolonged use.—*Gaillard's Med. Jour.*, April 14.

THE CAUSATION OF PAIN IN THE LEFT SIDE.

At a recent meeting of the Academy of Medicine, in Ireland, Dr. Beatty read a paper on this subject, drawing special attention to a form not sufficiently recognized, which was due to fecal accumulation, and removed by getting rid of the accumulation. The pain was felt over the lower few ribs on the left side, was associated with extreme tenderness on pressure upward of the tenth or eleventh rib, scarcely any pain being felt on pressure of these ribs downward, and was relieved when the side was pressed inward with the flat of the hand. He explained its occurrence by the drag of a loaded colon on the pleurocolic ligament, this constant drag setting up a state of extreme irritability in the nerves of that ligament, so that a painful impression was carried upward along the left lesser splanchnic nerve to the spinal cord, and was transferred, by the law of irradiation of sensations, to the tenth and eleventh intercostal nerves. In the discussion which followed, Dr. Smith said the pleuro-colic fold had not received the attention it deserved. It certainly was of considerable importance in the investigation of abdominal disease. Dr. Beatty's arguments were valid as explaining certain kinds of left-side pain, but did not explain all kinds. Dr. Beatty replied that he did not wish it to be understood that he considered left-side pain was caused in every instance by fecal accumulation, but only in cases presenting the symptoms he had mentioned.—*British Med. Jour.*—*Med. Record*, Mar., 24.

ACUTE MANIA TREATED BY HYOSCYAMINE.

THOMAS BROWNE, M. D., of the Royal Navy Hospital at Great Yarmouth, reports (*British Med. Jour.*) that in Merck's crystalline hyoscyamine we have an agent often capable of controlling the violence of a furious maniac and soothing him to sleep. It is also of great service in noisy and destructive general paralytics. It is best given in solution (hyoscyamine, gr. iv; glycerin, distilled water, of each $\frac{3}{4}$ ss; carbolic acid, \mathfrak{m} ij; dissolve without heat). Dose, from four to eight minims given hypodermically. No curative action is claimed for the drug.—*Med. Times*, April 7.

THE MEDICAL TREATMENT OF OBSTINATE NEURALGIA.

M. VERNEUIL, in a communication to the Surgical Society of Paris (*Le Prog. Méd.*, No. 49, 1882), referring to the surgical treatment of obstinate neuralgia, said that all therapeutic resources should be exhausted before surgical interference was undertaken. He recalled a case which was cured by hyoscyamin, after resection of all the ends of nerves and even amputation had failed to give relief.—*Med. Record*, Mar. 3.

INJURY TO THE CORD INVOLVING THE GENITAL CENTRE.

FURBINGER relates (*Berlin. klin. Wochenschr.*, 1881, No. 43; *Centralb.* 8; *Med. Wissensch.*, 1882, p. 396), a case of fracture of the spine with complete paraplegia and paralysis of the bladder in a male æt. 69. Priapism supervened thirty hours after the accident, and the urine contained spermatozoa.

Thereafter a steady discharge of semen occurred until death, which supervened on the third day. A laceration of the cord was found opposite the fourth dorsal vertebra, indicating the limit of the genital centre.—*Brain. —Jour. Nervous and Ment. Dis.*

HEADACHES AND KEROSENE LAMPS.

The Boston Journal of Chemistry thinks that the headaches that many thousands wake up with every morning are brought about by kerosene lamps "turned down low." A small flame in a lamp chimney does not cause enough draft to insure complete combustion, and slumberers breathe carbon and carbonic acid gas as literally as if they stood over the chimney of a petroleum refinery. A little light may be supplied in a bed-chamber, if any is indeed required, by a specially prepared taper, by a candle, or by a wick floated in animal or vegetable oil; but the "turned-down" kerosene lamp cannot be used except to one's disadvantage.—*So. Med. Record.*

ERGOT IN THE TREATMENT OF CONGESTIVE HEADACHE.

Dr. CHARLES T. ROGERS, of Honolulu, Hawaiian Islands, writes us regarding the above subject, referring to an article by Dr. J. L. Corning in *The Record* of December 23d. Dr. Rogers thinks that the value of ergot in this trouble is not appreciated. He gives it in large doses (3 j. of fluid extract) and would not be afraid to repeat it within an hour. He combines it generally with a full dose of bromide of potassium (gr. xl. or more). The combination is much more effective than bromide alone. Dr. R. says that he is not at all afraid to use ergot in large doses. He has seen $\frac{3}{4}$ ss. given for pulmonary hemorrhage without toxic symptoms following.—*Med. Record, April 21.*

LARGE DOSES OF ARSENIC IN CHOREA.

JAMES SAWYER, M. D., in the course of a clinical lecture delivered in Queen's Hospital, Birmingham (*Brit. Med. Jour.*), exhibited a girl ten years old who, in being treated for subacute general chorea, had taken "Fowler's solution," in doses increasing from five to thirty-five minims, thrice daily. Not till then did toxic effects occur, and the chorea cease. After entire suspension of the drug for two days, it was continued for a time in doses of fifteen minims, and the chorea did not occur. The doctor said: "You may cautiously increase the dose of liquid arsenicalis, far beyond the limits of the text-books, with the best results in chorea."—*New Remedies.*

ERGOT IN DELIRIUM TREMENS.

Dr. ARNOLDOW relates, in *Deutsche Medicinal-Zeitung*, the case of a man suffering from hæmoptysis, who was also threatened with delirium tremens. Chloral had been given for the sleeplessness, but without effect. Upon the administration of ergotine, not only did the hæmorrhage cease, but the symptoms of alcoholism also subsided. This happy result induced the author to give ergot in several other cases of mania-a-potu, in all of which the delirium was speedily controlled. Dr. Arnoldow explains this action by the contraction of the blood-vessels of the brain induced by ergot.—*Drug Cir., April.*

DISEASES OF THE ORGANS OF RESPIRATION.

THE FUTURE OF CONSUMPTION.

In a recent clinical lecture (*Cincinnati Lancet and Clinic*) Dr. James T. Whittaker takes a very rose-colored view of the future of consumption. He is a radical convert to the gospel of the bacillus and declares that the de-

struction of this parasite means the cure of phthisis. Bacilli exist everywhere, but the sputum is their favorite nidus; here they live and multiply and it is in this favorite soil that they must be attacked. The lecturer closed his remarks with the following suggestive utterances:

Since we have arrived at the essence of the disease we will soon be able to control it. Of course we cannot render the system immune against it, like small-pox, because the latter disease invades the body only once, whilst the bacilli of tuberculosis enter it repeatedly, only waiting for a favorable nidus for their further development.

The disease is at first always local. The object then is first of all to exterminate phthisis by killing the bacilli before they re-enter the body. Therefore a phthisical patient ought to spit into the fire or a portable can filled with mineral acid. Every phthisical patient that pulls out a handkerchief opens a Pandora's box, spreading the poison in all directions. Man is always subject to phthisis; two-sevenths of us die of it. It is therefore well worth our highest consideration to have some hope offered of exterminating the disease. We can hardly expect to kill the bacillus by medication, but by proper precautionary measures we may hope to extinguish the cause of the disease.

Local treatment has been tried in various ways; it has been tried successfully to cut out the diseased lung in animals; the aspirator needle has been used in man to suck out cavities, to remove the cause and to introduce remedies.

Inhalations cannot kill a bacillus. Encourage your patients to spit it out, but not to the destruction of other people. Make the whole body strong. Keep them outdoors that they may not continually reinfect themselves. Post-mortems prove that the most of us have it, and recover from it. Take away the gloomy prognosis. Make the diagnosis early.—*Medical Age*.

THE BACILLUS TUBERCULOSIS AND THE ELASTIC TISSUE OF THE LUNG IN THE DIAGNOSIS OF TUBERCULOSIS.

It has long been known that one of the most positive aids in the diagnosis of phthisis is the elastic tissue of the lung as found in the sputum by aid of the microscope. In this manner fragments of considerable size derived from the disintegrated air vesicles are discovered with comparative ease—very much more easily and requiring much less manipulative skill than the bacillus tuberculosis as ordinarily sought for. Notwithstanding this fact, it is comparatively rare that sputum is studied, even by hospital physicians, with a view to finding it. It will be a matter of surprise, therefore, to some of our readers to learn that it is found in almost as large a proportion of instances as the bacillus, and is therefore practically as useful in the diagnosis of chronic phthisis. Drs. Dettweiler and Meissen (*Berliner klin. Wochens.*) investigated eighty-seven cases of chronic phthisis in different stages. In eighty-five of these clinically diagnosticated cases, 97.7 per cent., bacilli in larger or smaller numbers were found in the sputum, while in eighty-two, or 93.8 per cent., elastic tissue of the lung was found.

In this connection it is interesting to know that Dr. Formad, of Philadelphia, has discovered that Fenwick's process of preparing sputum for examination for elastic tissue (boiling with liquor potassæ, setting aside to cool, and examining the sediment,) serves also to prepare it for examination for bacilli, and in this manner both objects may be sought at the same time, and by a single manipulation.—*Med. News*, Mar. 31.

MULLEIN IN PHTHISIS.

Dr. F. J. B. QUINLAN (*British Medical Journal*) says, concerning the use of this plant in phthisis, that mullein plant boiled in milk is liked by the patients; the watery infusion is disagreeable, and the succus still more so.

The hot milk decoction causes a comfortable sensation, and when once patients take it they experience a physiological want, and when the supply was once or twice interrupted complained much in consequence. It eases phthisical cough; in fact, some of the patients scarcely took their cough mixtures at all, an unmixed boon to phthisical sufferers with delicate stomachs. Its power of checking phthisical looseness of the bowels was very marked, and that this was not merely due to the well-known astringent properties of boiled milk. It also gave great relief to the dyspnoea. For phthisical night-sweats it was utterly useless. In advanced cases mullein does not prevent loss of weight. In pretubercular and early cases of pulmonary consumption, mullein appears to have a distinct weight-increasing power. In early cases the mullein milk acts very much in the same manner as cod-liver oil; and when it is considered that it is at once cheap and palatable, it is certainly worth a trial.—*Gaillard's Med. Jour.*, Mar. 24.

LOCAL TREATMENT OF LUNG CAVITIES.

A. SOKOLOWSKI reports two cases of phthisical lung cavities, into which he made six injections of from six to twenty drops of a ten per cent. tincture of iodine, with a view of obtaining adhesive inflammation of the walls of the cavity. The cough became more violent, but there was no increase in temperature; after two months the destructive process had considerably extended; the result was therefore negative. In the second case, in which severe fever and colliquative sweats were present, five injections of ten drops of a twenty per cent. carbolic acid solution were made. The result was also negative.—*Centralb. f. klin. Med.*—*Med. News*, Mar. 10.

PROPHYLAXIS AGAINST PHTHISIS IN HOSPITALS.

From a series of experiments upon tubercle-inoculation, and the effects upon the process by different disinfecting agents, M. Vallin has found sulphurous acid the most efficacious in preventing contagion. He therefore recommends that, in hospital wards where the air is infected by tuberculous patients, from time to time the rooms shall be vacated and thoroughly fumigated with sulphurous acid.—*La France Médicale.*—*Med. Times*, Mar. 10.

HYDRASTIN IN LARYNGEAL PHTHISIS.

Dr. BIRD (*Australian Med. Jour.*) claims good results from the treatment of laryngeal phthisis with a spray composed of hydrastin, glycerine, borax and morphia. A combination of this kind would seem likely to be of advantage.—*Buffalo Med. and Surg. Jour.*

MALARIAL PNEUMONIA.

Dr. DASHIELL, of Jackson, Tenn., in describing the prevailing diseases of his region (*Nashville Jour. of Med.*), says that persons suffering from a protracted spell of intermittent, or whose constitutions have been impaired by malarial trouble, are frequently subjects of a periodical, painful stricture across the breast, or sharp shooting pain through the chest, dyspnoea and a short, dry cough, though this in some cases is attended with mucous expectoration in certain individuals, and sanguineo-mucous in others. This condition he calls *pneumonalgia*, believing it to consist of a neuralgic condition of the pulmonary plexus with consequent hyperæmia. This is liable to be mistaken for the commencement of a pneumonia, he says. We would query whether it is not such a congestion as might easily run into a genuine pneumonia. The tendency of malarial attacks to cause congestion of some one or

more organs of the body—be it mucous membrane, conjunctiva, pia mater, lung, or any other—is well known. We would hold that after a chill there may result a congestion of, say the lungs, which would inevitably eventuate as a typical pneumonia, were not quinine and derivatives freely used, and we believe that such a malarial pneumonia, if we may use the term, may be abortive, provided cinchona preparations be used in time—that is, before products of inflammation are thrown out in the lung substance. We would not go so far as to say that pneumonia is *always* a manifestation of malaria, or even a result, but that it *often* is the latter. But pathology aside, we endorse the treatment given in the article referred to, consisting largely of anti-periodics.—*Med. Rev.*, April 14.

THE TREATMENT OF PNEUMONIA.

Prof. BAMSLER, of the University of Friburg, Baden, directs his efforts chiefly toward sustaining the patient's strength until the disease leaves him—so he says in a letter to Dr. W. Thornton Parker (*N. Y. Med. Record*, March 3, 1883). The pyrexia being a chief cause of exhaustion, the endeavor is to keep down the body-heat, which he does by cold baths, wet packing and quinia in 15 to 20 gr. doses, in the evening, or grains 60 to 80 of salicylate of soda within an hour in the middle of the night.

The patient's diet must receive careful attention. See to it that he is sufficiently nourished, as by broths, beef tea, milk, and a half to a pint of light wine, in twenty-four hours.

When there are *pleuritic pains*, an ice bag is applied to the chest.

Restlessness, great pain or diarrhœa, is to be met by morphia or Dover's powder.

If bronchial catarrh is a prominent symptom, ipecacuanha in infusion is administered. He never employs sweet spirits of nitre in pneumonia.—*Med. and Surg. Rep.*, Mar. 31.

PNEUMONIA.—IOD. POT. AND ICE.

Remarkable results are reported by Riebeau-Schwartz from the use of iodide of potassium internally, and ice externally, in acute pneumonia.—*Paris Méd.*—*Med. Times*.

PLEURITIC EFFUSIONS.

Prof. DACOSTA says do not aspirate pleuritic effusions as long as no urgent symptoms, such as failure of the heart and symptoms of blood-poisoning, demand it. For the liquid will generally reaccumulate, and the second time it will be purulent. Give iodide of potash and other remedies to promote absorption and to make the kidneys act. For the latter the infusion of juniper and jaborandi internally, and dry cupping over the regions of the kidney will be often of benefit.—*Medical Herald*.

PLEURISY WITH INTERCURRENT ANASARCA.

Dr. ROSSIGNOL relates the case of a cavalryman, twenty-one years of age, who was admitted to hospital, suffering from a slight attack of bronchitis of the larger tubes. He had never had any severe illness. Eight days after admission he was seized with repeated chills, fever, sweating, and pain in the chest. Pleurisy with effusion was developed on the left side. The disease ran its usual course, though somewhat slowly, during a period of five weeks. At that time slight œdema of the feet was noticed, but was attributed to the anæmic condition of the patient, and to slight obstruction to the circulation. On the following day, however, there was another chill with fever and sweat-

ing, and on the day succeeding that there was marked general anasarca. The heart was perfectly normal, and there was not the slightest trace of albumen in the urine. The fluid in the chest re-accumulated when the anasarca set in. The œdema gradually disappeared under appropriate treatment, and at the time the report was made (two months later) the patient was nearly well. Dr. Rossignol offers no satisfactory explanation of this curious occurrence.—*Archives Médicales Belges*.—*Med. Record*.

ACTINOMYCOSIS IN THE HUMAN SUBJECT.

MOSSDORF AND BIRCH-HIRSCHFIELD report (*Dresden Jahresbericht für Natur und Heilkunde*) a fatal case of actinomycosis which was diagnosticated during life. The case had for six months suffered with symptoms of pleuro-pneumonia, or an encapsuled purulent pleural effusion; with occasional pyæmic chills, rapid emaciation, and colliquative discharges. The right pleural cavity contained masses of actinomycoses, which had invaded also about two-thirds of the right lung. There was also a fistula running beneath the muscular structures and the sternum. The pleural cavity, as well as the fistula, was partly filled with grayish-yellow stinking masses with scattered sulphur-yellow conglomerations of the spores of the fungus, and partly with a tough, jelly-like tissue which contained the former in considerable quantity. No collection of fungus was found in the mouth, but it existed in the bronchial tubes of the left side, on the heart, and in the left kidney. In the right lung the tissue was to a great extent gangrenous, but on section there was still seen bronchial aggregation of the fungus, mixed with epithelial cells.—*Centralblatt für d. Med. Wiss.*—*Med. Times*, April 21.

TYPHOID LARYNGEAL ULCERATION.

Dr M. L. GREFFIER (*Progrès Médical*), reports a case of tracheotomy in a typhoid fever patient performed by means of the thermo-cautery which produced an extensive wound which was regarded by Dr. Greffier as due to the condition of the tissues caused by the typhoid fever. Dr. Cornil was of opinion that the changes found in the larynx were due not to the tracheotomy, but to a typhoid laryngo-tracheitis. He was of opinion that tracheotomy was of doubtful utility in cases of this kind, since laryngo-tracheitis of variolous, typhoid, and rubeolous patients is generally accompanied by pulmonary changes, against which the operation is powerless.—*Gaillard's Med. Jour*.

INHALATION OF THE SPRAY OF IODOFORM AND TURPENTINE.

DE RENZI AND RUMMO (*Gazz. Medica Ital.*) claim good results in phthisis and other diseases of the respiratory organs from inhalations of iodoform dissolved in turpentine. The patients were made to inhale twice a day for two hours, in a small room, the spray of iodoform and turpentine. The effects were more satisfactory than with any other mode of treatment. There was always prompt and considerable diminution of cough and expectoration: in bronchiectasis the fetid expectoration was completely deodorized. Physical signs diminish, the temperature falls, pulse and respiration are less frequent. The secretion of urea is lessened in proportion to the fall of temperature. Iodoform given by inhalation is much more prompt in action than when taken by the stomach; it is an anæsthetic to the pulmonary vagus, and has an alterative and drying local action, which is aided by the turpentine. Its antiseptic action must also be taken into account.—*Med. Record*, Mar. 17.

BRONCHITIS.

In a private communication from Prof. A. C. Post, of New York, he says: "I think that the readers of the *Monthly* would be delighted with the effects of the following mixture if they would give it a fair trial:

R. Ol amygdal dulc., $\frac{3}{4}$ ss; mucil. acacia, $\frac{3}{4}$ ijas; syrup tolu, $\frac{3}{4}$ j; chloroform, $\frac{3}{4}$ j; morphia sulph., gr. j. Dose, a teaspoonful once in four hours. It is adapted to the relief of the laryngeal and bronchial irritation attending all the stages of an ordinary attack of bronchitis."—*New Eng. Med. Mo.*, April.

ACUTE BRONCHITIS.

The late Prof. JOSEPH PANCOAST used in private practice with much success the following mixture for acute cases of bronchitis:—

R. Pruni virg. cort., senegæ rad., aa 3 iv; ipecac, rad., 3 ij; ext. conii., gr. xv.; aquæ q. s. ft. (by displacement), $\frac{3}{4}$ viij. Then add:—Spts. Genevæ, $\frac{3}{4}$ j; tinct. cardamon, comp., $\frac{3}{4}$ j. M. Sig. Two teaspoonfuls in water whenever troubled with cough.—*Medical Bulletin*.

ANTI-ASTHMATIC MIXTURE.

Dr. HUCHARD, of the Hôpital Tenon, employs the following, especially when the symptoms of bronchial catarrh are added to the attacks of asthma:

Distilled water, 10 ounces; iodide of potassium, 2½ drachms; tincture of lobelia, 2½ drachms; tinct. polygala, 2½ drachms; aqueous extract of opium, 1½ grains. A tablespoonful to be taken night and morning.—*Boston Jour. Chem.*

FOR ASTHMA.

The following is Dr. FOTHERGILL's formula:—

Tinct, lobeliæ, 5 ounces; ammonii iodidi, 2 drachms; ammonii bromidi, 3 drachms; syr. tolutani, 3 ounces. M. Teaspoonful every one, two, three, or four hours. This gives relief in a few minutes, and sometimes the relief is permanent.—*Boston Jour. Chem.*

PULMONARY ŒDEMA.—BELLADONNA.

The tincture of belladonna, in minim doses, given every half hour, is a good remedy in cases of nasal catarrh, and bronchitis accompanied by free secretion. You should cease to give the drug for a while after eight or ten doses have been administered, as it is not quickly eliminated from the system. In cases of pulmonary œdema with failure of heart power, belladonna thus administered is of benefit in retarding the exudation of serum, and in overcoming the failure of heart-power.—*Med. Brief, Mar.*

ENLARGED BRONCHIAL LYMPHATICS.

Prof. WM. PEPPER presented a case at one of his clinics, at the University Hospital, of enlargement of the lymphatic glands surrounding the right bronchus. The symptoms were dullness on percussion, diminished bronchial respiratory murmur on auscultation, pain over the region when the patient was in the recumbent posture, and a scrofulous diathesis. Heart sounds were normal, and the lungs were healthy. Prof. Pepper prescribed blisters on the back over the seat of the trouble, and the following prescription to be taken internally:

R. Bichloride of mercury, gr. j; muriate tr. of iron, fl 3 ij; glycerine, fl $\frac{3}{4}$ vj. M. Sig. A teaspoonful diluted with water three times a day after meals.—*Med. Herald, Mar.*

OZÆNA.—HYDRG. BICHLOR.

Bichloride of mercury, in a solution of one grain to the pint of water, to which two ounces of cherry laurel water may be added, is recommended by Dr. J. N. Mackenzie (*Maryland Medical Journal*) in the treatment of in-

inflammatory condition of the nose and throat with profuse muco-purulent secretion. Crusts that may be present and tenacious mucous should be removed from the surfaces, which should then be sprayed with an atomizer provided with suitable tubes. He regards it as a most valuable disinfectant in ozæna and fœtor of the breath from pharyngeal disease. He has found it successful in his own case in abating an acute coryza, and has had good results in treating chronic nasal catarrh.—*Albany Annals, Mar.*

CATARRH OF THE RESPIRATORY APPARATUS.

ROSSBACH made a series of experiments on cats in order to test various drugs as to their effect on the secretion of mucus, and its prevention. The trachea being laid bare, after all hemorrhage had ceased, could be easily inspected. Carbonate of soda and potash injected into the blood produces at once a paleness of the trachea and a disappearance of further mucous secretions. Acetic acid applied locally to the trachea causes a hyperæmia, and consequently increased secretion. Applications of alum and tannic acid produce a peculiar dry and shining appearance of the mucous membrane and at the same time all secretion ceases. A four-per-cent. solution of silver nitrate brought about similar results in addition to a dullness of the epithelium. As long as air impregnated with oil of turpentine is blown into the trachea the secretion remains at a standstill, but as soon as the atomizer ceases, the secretion begins anew. Turpentine applied locally to the mucous membrane causes an increased secretion. Profuse secretion follows the use of apomorphia, emetine and pilocarpine. Pilocarpine, owing to its action on salivary glands, heart, and sudorific glands, is practically far behind apomorphia. It acts safely, without producing nausea or any interruption in the appetite. Atropia and morphia diminish the secretion. After the employment of atropia the secretion ceases for one-half to one hour and returns tardily and slowly. The mucous membrane is, however, quite hyperemic. The narcotic effect of atropia is uncertain. Morphia diminishes the secretion, without entirely destroying it. Experiments with morphia and atropia, and morphia and apomorphia in combination, showed that both medicines develop their activity, and for this reason these combinations should be used in practice.—*Festschrift, Würzburg, 1882.—Therap. Gaz.*

MORPHIA AND APOMORPHIA IN COUGHS.

ROSSBACH (*London Medical Record*) concludes from a series of experiments, that apomorphia, emetin (ipecacuanha), and pilocarpine increase the secretion of the bronchial mucous membrane, and that they are *par excellence* the expectorants, pilocarpine, the strongest, being, however, objectionable because of its depressing action on the heart. By a proper combination of morphia and apomorphia, we secure the most efficacious cough-mixture. Rossbach indicates the following as a guide to such combination:

1. Hydrochlorate of apomorphia may be used as an expectorant; the best prescription is: \mathcal{R} . Hydrochlorate of apomorphia, 3 to 5 centigrammes (about 0.45 to 0.75 gr.); dilute hydrochloric acid, 5 cubic centimetres; distilled water, 150 centimeters. Keep in a black glass bottle. The dose is one tablespoonful every two hours.

2. The combination of apomorphia and morphia lessens the frequency of cough and increases the fluidity of the sputa. \mathcal{R} . Hydrochlorate of morphia, hydrochlorate of apomorphia, of each 3 centigrammes; dilute hydrochloric acid, half a gramme; distilled water, 150 grammes. One tablespoonful is given every two or four hours.

3. Morphia and atropin must be made up separately, as follows: Hydrochlorate of morphia, 2 to 5 centigrammes; distilled water, 120 grammes; red syrup, 30 grammes. The dose is one tablespoonful every two to four hours. \mathcal{R} . Sulphate of atropia, half a milligramme (about 1-150 grain); liquorice

powder and juice, enough to make twenty pills. One, two or three pills are to be taken every night. These pills of atropin are best given in the evening from six to ten o'clock, at intervals of two hours, simultaneously with one or two spoonfuls of the morphia solution; only the morphia to be given during the day should the cough indicate it. This joint action is recommended in catarrh, emphysema, and phthisis with abundant sputa (when, in the last, this does not come from cavities).—*Medical Age*.

COUGH MIXTURE.

The following formula, said to have originated with the late Prof. PANCOAST, of Philadelphia, has the advantage of containing no opium or morphine, since many persons cannot take either of these remedies without discomfort: Wild cherry bark, senega, \mathfrak{aa} 3 iv; ipecacuanha, 3 ij; extract of conium, gr. xv; water, q. s. ft. (by displacement) fl. \mathfrak{z} viij; Then add gin, \mathfrak{z} i; compound tinct. of cardamom, \mathfrak{z} i; two teaspoonfuls in water constitute the usual dose to relieve cough.—*Med. Bulletin*.

NERVOUS COUGH.

R. Acid hydrocyanic dil., gtt. xvj; tinct. sanguinara, 3 iv; syrup senega, syrup tolu, \mathfrak{aa} 3 vj; aqua lauro cerasi, qs. ad. \mathfrak{z} iij. M. Sig. One or two teaspoonfuls according to age every three or four hours.—*Bartholow*.—*Med. Summary*.

A STIMULATING EXPECTORANT.

Dr. FOTHERGILL commends the following:

Am. carbonat, gr. v; tinct. nux. vom., \mathfrak{m} x; tinct. scillæ, 3 ss; inf. serpentar, 3 i. Sig. Three times daily.—*Boston Jour. of Chem*.

NERVOUS SYMPTOMS OF PERTUSSIS.

According to Dr. ARCHAMBAULT (*Progrès Médical*), pertussis causes nervous symptoms which are far from exceptional. Their frequency is in proportion to youth of the child and the intensity of the disease. When the pertussis is at its height they usually appear. West (*Diseases of Children*) has observed a case near the onset of the disease, and Dr. Archambault has had similar experience. These neuroses usually present themselves under two varieties: Generalized convulsions and spasm of the glottis, and inspiratory muscles. The latter are very infrequent. Death is not rarely the result of the convulsion, but infrequently occurs from spasm of the glottis. Chloroform inhalations are of great value in both neuroses. Bromides are of value; at times, in glottis spasm, tracheotomy is required.—*Cin. Lancet and Clinic*, March 10.

WHOOPING-COUGH.—SPRAYS.

The treatment of whooping-cough by means of sprays has met with good success. Dr. J. J. Caldwell, again calls attention to the following:

R. Ext. Belladonnæ, fl. gtts. xij; Ammon. Bromidi, \mathfrak{D} i; Potass. Bromidi, 3 iv; Aquæ Distil., \mathfrak{z} ij. This is used as a vapor spray to be inhaled every four hours. Duration of the spray five to ten minutes, or until the pupils are dilated.—*Medical Review*.

WHOOPING-COUGH.—EUCALYPTUS.

Whooping-Cough is treated by Dr. WITTHAUER with the following (*American Practitioner*): Tincture eucalypti, 3.0; glycerin and syrup, \mathfrak{aa} 15.0; aq.

fort. 100.0. A dessert-spoonful every three hours. For babes one and a half to four years of age the dose is five to eight drops, in sweetened water, every three hours. He also recommends the inhalation of the tincture. He has treated only four cases, but with a decided effect.—*Med. Rev.*, March 31.

CROUP.—JABORANDI AND EUCALYPTUS.

Dr. M. L. Doon says that jaborandi and eucalyptus, each ten to fifteen drops every half hour, will cure nearly every case of membranous croup.—*Ec. Med. Jour.*

CLERGYMAN'S SORE THROAT.

Dr. SPRINGSTEIN, in the *Medical Brief*, recommends the following as a useful palliative, and, in some cases, a cure for this troublesome disease: Tinct. opii., tinct. sanguinariæ, aa fl. ʒij; balsam tolu, 3ij. M. Sig. Twelve drops on a lump of sugar three or four times a day.—*Boston Jour. Chem.*, April.

DISEASES OF THE ORGANS OF CIRCULATION.

EXCESSIVE ACTION OF THE HEART.

J. E. HALBERT, M. D., of Leota Landing, Miss., writes: "This disorder, the pathology of which is so obscure, has received such little attention from the profession, and particularly from authors of our text-books, that I am induced to record two marked cases that came under my observation during the past twelve months; and while I am not able to advance anything new in regard to its cause, still the result of treatment has been all that could be desired.

CASE. 1.—Quilla P., aged about forty-seven years; common laborer; married; no children; temperate habits; not addicted to the use of tobacco; no syphilitic history; menstruated irregularly during the past two years; stated she had been in good health up to three weeks. I found her anæmic, very nervous, with coated tongue and irregular bowels, and complaining with, as she stated, "a knocking in the breast." The pulse was excited and forcible, numbering one hundred and twenty per minute.

On examining the chest, the impression of the apex of the heart was distinctly seen, and its sounds could be heard a few feet from the patient.

Auscultation revealed the most powerful and rapid action of the heart, without any murmur, either organic or functional. The impulse was easily detected on palpation over the abdominal and iliac arteries, and could be distinctly heard in the femoral. The woman suffered from occasional attacks of nausea, but there was no pain.

Treatment.—She was given bromide of potash, and tinct. digitalis every three hours. As there was considerable anæmia, iron and quinine were ordered three times daily, with a nourishing diet. Rest in the recumbent posture was rigidly enjoined.

In four days she was no better, and tincture of aconite was substituted for the digitalis, after which notable improvement was manifest in the force and frequency of the heart's action, and the nervous symptoms were less troublesome. At the end of a week she was so much improved as to leave off her medicines, after which all the symptoms were increased.

Digitalis was again tried, with the result of augmenting the trouble, and it was again displaced by aconite in two-drop doses.

Remarks.—Digitalis was given to stimulate the peripheral inhibitory cardiac nerves, believing the loss of that power to be the true pathology of the disease. This drug, according to Wood's idea of its physiological action, should have overcome this condition had it existed.—*Col. and Clin. Record*, March.

HEART SYMPTOMS SEQUENT ON PERIPHERAL NERVE LESIONS.

PONTAIN (*La Tribune Méd.*) has often noticed that lesions of the peripheral nerves may be followed by affections of the heart. Several special cases confirmed him in the opinion that injuries to the brachial plexus might give rise to hypertrophy of the left ventricle.

1st case.—An officer had his left arm amputated. The wound became very painful. After this the man suffered greatly from palpitation. Under suitable treatment the pain left the arm, and the heart affection ceased at once.

2nd case.—Compound fracture in a boy's arm. As long as the arm continued painful and inflamed there was very severe palpitation; but as soon as the irritation in the wound subsided the heart became steady.

3rd case.—Injury to brachial plexus from fall on shoulder. Subsequent hypertrophy of heart.—*Can. Pract.*

ELECTRICITY AS A CARDIAC STIMULANT.

Prof. VON ZIEMSEN lately had a patient, a woman, aged 46, who had lost the greater part of the precordial structures, exposing the heart; and he conducted a series of experiments, to determine the effects of the Galvanic and the Faradaic currents respectively on that organ. He distinctly discovered that the induced current had no effect whatever, whilst the constant or direct current acted as a powerful stimulant. It is therefore useless, in cases of chloroform syncope, to waste time in applications of the Faradaic current, as is so commonly done.—*Can. Pract.*

NITRITE OF SODIUM IN ANGINA PECTORIS.

Dr. MATTHEW HAY, Demonstrator of Materia Medica in the University of Edinburgh, has used the nitrite of sodium very satisfactorily in a case of angina pectoris. So far as he is aware, this is the first case of angina pectoris in which a simple nitrite has been used. He thinks that it is as active and reliable as nitrite of amyl or nitro-glycerine, at the same time possessing distinct advantages over either of these, notably in producing, in therapeutic doses, no disagreeable general effects—headache, giddiness, and even partial collapse. The objection to it is its tendency, in large doses, to produce eructations of nitrous acid gas, which, however, does not occur when small doses are administered. The formula used by Dr. Hay was: *R. Sodii nitrit., ʒ ss; aquæ, ad ʒ xij. Solv. S.* Dose, one or two teaspoonfuls.—*Practitioner*.—*Med. News*, April 14.

CHLOROFORM SYNCOPE.

The propriety of the inversion of patients in chloroform syncope is called in question by Dr. Eben Watson, who contributes an article on the subject to the *London Lancet*, in which he calls attention to the fact that in this condition there exists: (1) A feebly acting heart; (2) an engorged state of the right side of the heart; and (3) a congested state of the lungs. In every case of deep anæsthesia from chloroform, he says these conditions are always present, and such being the case he holds that the practice of inverting the patient, raising the lower extremities above the level of the head and upper part of body, is not suitable. For it is only the venous blood which can thus be passed to the upper part of the body, and as this must go through the right side of the heart and the lungs, which are already in a state of engorgement and congestion, before it can reach the upper part, it only causes an aggravation of the mischief already existing especially if the heart's force is greatly weakened and the respiration inefficient. And though artificial res-

piration be instituted, it cannot alone renew the pulmonary circulation while the heart remains feeble, and one great reason of its continuing in an enfeebled state is the paralyzing influence of the engorgement of the right side. He also holds that depressing the head and neck, as is sometimes done, would only deepen the coma and increase the evil from the side of the nerve centers, if, in spite of the valves in the veins, the blood from the arms and neck could return to the brain. He says that our hopes for the patient mainly depend upon the sending forth of arterial blood, and this is most favored by a strictly prone position, together with artificial respiration. In this position a feeble heart has least hindrance in sending, not venous blood to the lungs, but arterial blood to its own substance and to the brain.—*Med. Rev. March 31.*

THE THERAPEUTICS OF VENESECTION.

Dr. Wm. A. DUNN, in a paper read at the meeting of the Section for Clinical Medicine and Pathology of the Suffolk District Medical Society, summarizes his views as follows:

1. That although the errors of former days, without doubt, allowed a very great abuse of venesection, it has sufficient merit as a therapeutic agent to demand our earnest consideration.

2. If we are sincere in following the motto of our society, *Natura duce*, we shall take the suggestions which nature gives and bleed in carefully selected cases.

3. That in febrile attacks a loss of blood will lower the temperature; and this decrease in temperature is known to be disproportionate to the amount of blood lost.

4. That by venesection we do not actually diminish the volume of blood, but we cause the blood to become more watery, the free passage of the blood through the pulmonary circuit seems to be promoted, and the functional labor which the lungs have to perform is diminished by the abstraction of a certain number of the more solid particles.

5. It is fallacious to depend upon the condition of the pulse alone as the criterion of the amount of blood to be removed, or the benefit which the patient derives by a venesection. After a venesection the pulse sometimes appears to indicate increased power of the heart's actions. The artery seems to strike against the finger with more force than before the abstraction of blood. Formerly practitioners were misled by this effect upon the pulse, and blood-letting was employed as a means of increasing the power of the heart's action. The sensation which the finger receives is delusive, and is caused by the quickness of the movements of the artery. This has been shown by the sphygmograph to depend on the diminished tension of the arteries following the abstraction of blood. It is to be borne in mind, says Flint, in estimating the power of the heart's action by the sensible characters of the pulse, that the sense of resistance which is felt and the amount of pressure required to impress the artery are the evidence of strength.—*Boston Med and Surg. Jour.*

THE ETIOLOGY OF PERNICIOUS ANEMIA.

In the blood of pregnant women suffering with anemia are to be found two sorts of living organisms, the one-tenth the diameter of a blood corpuscle, and having a sharp point; the other somewhat larger consisting of two cells and less movable. The first mentioned round and small bodies show a lively wriggling movement, resembling much spermatozoa. In one instance these bodies were found in the blood of mother and child during life in great quantities. The blood corpuscles in both mother and child were normal in size. The liver seems to form the depot for the colonization and rearing of these organisms, and from this organ they find their way into the blood. In this way is the constant occurrence of icterus to be explained. These organisms are derived from parasites originating in the teeth, and probably from

a leptothrix form, with long and short rods and micrococci. All of these patients from whom blood was taken for examination were suffering with caries of the teeth in a marked degree, and some of them exhibited likewise great *foetor ex ore*. Dental caries is a common trouble with pregnant females, sometimes causing them to lose many teeth in one pregnancy, and with them this probably explains the cause of pernicious anemia.—Prof. Frankenhaeuser.—*Centr. für d. Med. Wiss.—Therap. Gaz.*, Apr.

PERNICIOUS ANÆMIA.—HYPODERMICS.

For progressive, pernicious, or essential anemia, Prof. DaCosta recommends the hypodermic use of the double salt of citrate of sodium and pyrophosphate of iron. This drug has not caused any abscesses in the cases under Prof. DaCosta's notice. Decided improvement was noticed in every case in which it had been used. In anemia from other causes, where a decided and rapid impression on the system seems indicated, this remedy may be used. This mode of administering iron being yet in its infancy, further clinical experience is needed to decide its proper place.—*Med. Herald*, Mar.

INFLUENCE OF FOWLER'S SOLUTION UPON THE HÆMOGLOBIN IN THE BLOOD.

From an investigation made to determine the effects of the medicinal administration of some remedies upon the proportion of hæmoglobin in the blood, Dr. Fenoglio, of Turin, concludes that the iron preparations vary considerable in their effects; Fowler's solution increases the hæmoglobin, and this becomes more marked the longer it is given. In spite of the general opinion to the contrary, the administration of Fowler's solution is indicated in anæmia, chlorosis, and in general in all conditions in which there is a decrease in the hæmoglobin, for the influence of this agent is very evident in increasing the proportion of the hæmoglobin: and, furthermore, its use increases the appetite and produces a general improvement in the bodily appearance and condition.—*Medizin. Jahrbücher.—Med. Times*, Mar. 24.

POTASSIO-TARTRATE OF IRON IN SCURVY.

Dr. H. G. PIFFARD writes that in 1864 he was connected, as house surgeon, with several of the institutions on Blackwell's Island, New York. At that time, he says, these institutions were pervaded with scurvy, especially the work-house, due to the deficient and improper food furnished by the authorities. It was impossible to obtain much improvement in the quality of the diet. The medical officers were therefore obliged to rely mainly on drugs, and we found very decided benefit from the use of potassio-tartrate of iron, both as a curative and as a prophylactic. I believe that a small quantity of this salt, say four ounces to the barrel of pickle in which mess beef and pork are preserved, would prove of great service to those who are obliged to make use of this species of food. Analysis has shown that scorbutic blood is deficient in iron and potash, and experience has shown that vegetable acids are useful in scurvy. Hence the rationale of the proposed method.—*Drug. Cir.*, March.

EPISTAXIS TREATED WITH CANNABIS INDICA.

Dr. W. G. MAXWELL, in the *Md. Med. Jour.*, recommends the exhibition of Tincture of Cannabis Indica, in doses of ten to twenty drops every five or ten minutes, in Epistaxis. He has found it to act like magic—checking profuse hæmorrhage in from three to twenty minutes.—*Med. Rev.*, Mar. 17.

EPISTAXIS.—HOT WATER.

AUQUIER (*Practitioner*) mentions a case in which he was called to a man of twenty who had been suffering for three hours from violent epistaxis. The patient had been subject to such attacks from infancy. M. Auquier tried in vain to stop the bleeding by means of cold water, plugging the nares, mustard-plasters, etc. At last he irritated the nose with very hot water, with instant success.—*Med. Med. Jour.*

DISEASES OF THE ORGANS OF DIGESTION.

CHROMIC ACID IN AFFECTIONS OF THE TONGUE.

Mr. HENRY T. BUTLIN, F.R.C.S., has used chromic acid in certain affections of the tongue, with markedly good effect. In June, 1881, he treated two cases of glossitis with a ten grain solution of chromic acid in water, painted on the sore areas of the tongue three or four times a day. Both cases improved. A case of secondary syphilitic, deep and jagged ulcers of the tongue, and ulceration of the inside of the cheek, which showed no improvement under hyd. c. cret., iodide of potass., or liq. hyd. bichlor., were, after a week's treatment with chromic acid solution, almost completely healed. Another case of flat mucous tubercles, due to secondary syphilis, on the right border of the tongue, which had resisted treatment with hyd. c. creta for about three and a half months, was almost completely cured in three weeks.

Mr. Butlin has used chromic acid in several different inflammatory conditions of the tongue in many cases with most gratifying success. In 27 cases, 20 have been cured or greatly relieved, 7 having received little or no benefit. The seven cases were either of chronic superficial glossitis, or of *tertiary* syphilis. The twenty include seven of chronic superficial glossitis, and thirteen of various *secondary* syphilitic affections. Mr. B. concludes that chromic acid cures with marvellous rapidity *secondary* affections, ulcers, mucous tubercles, and condylomata. It produces no appreciable effect on *tertiary* affections, gummata, extensive ulcers, or tubercular syphilides. Some cases of chronic superficial glossitis, with slight ulceration and renewed inflammation are rapidly benefited by it. In cases of glossitis in which the tongue surface is attacked by a fresh inflammation of great severity, glycerite of boracic acid and soothing remedies are more suitable; chromic acid rendering these worse. He reports one case of *tertiary* syphilitic ulcers of the tongue which was cured in about two months by combined chromic acid and mercury treatment, although it had obstinately resisted purely anti-syphilitic treatment for many months. The strength of the solution usually employed is grs. x- $\frac{3}{4}$ j water; in some cases grs. xv- $\frac{3}{4}$ j. The patient is told to paint the diseased parts three or four times a day with a camel's hair brush dipped in the solution. There is seldom any pain or discomfort; sometimes a little smarting at first.—*Practitioner*.—*Med. News*, Apr. 21.

PHARYNGEAL TUBERCULOSIS CURED WITH IODOFORM.

M. GOUGUENHEIM (*Union Méd.*), reports a case of miliary tuberculosis of the pharynx cured with applications of iodoform. A patient who had suffered with sore throat for six months applied for treatment. She was a young woman of twenty-five years—pregnant at the time. Her throat was found to be the seat of a destructive ulceration, involving the pharynx, both pillars of the fauces, and the posterior surface of the soft palate. The uvula was much swollen, and was removed by the author. It was found extensively infiltrated with miliary tubercles, and presenting numerous points of caseous degeneration. The throat was treated with local applications of

iodoform, dissolved in ether, and improvement set in at once. In two weeks the ulcers had nearly healed, and in a month convalescence was completed. About this time a swelling appeared upon one of the pillars of the fauces. To this iodoform was applied, as before, without effect. It steadily increased in size, and finally ulcerated, discharging quantities of cheesy matter. No sooner had the process of ulceration exposed the tuberculous deposit to the direct action of the iodoform than the curative action of the latter began at once to manifest itself. The ulcer rapidly healed, as the previous ones had done, and recovery was brought about in a few days. From this case the author draws the conclusions: 1. That local tubercular processes are curable by the direct application of iodoform. 2. That submucous infiltrations of tubercle are not much affected by applications of iodoform until ulceration has laid bare the deposit, and exposed it to the direct influence of the drug. *N. Y. Med. Jour.*, Mar. 10.

AN UNUSUAL CASE OF POLYDIPSIA.

A woman aged 40, of hysterical temperament, had been troubled for three years with gurgling, plashing and whirring sounds of confined liquid issuing from the region of her stomach, with such violent action as to irresistibly jerk and agitate her whole body. All treatment had proved useless, when she came under the notice of Dr. D. D. Marr, of Chesterton, Ind., who reports the case in the *Chicago Med. Jour.* She would drink from one to two gallons of water per day, and pass urine in large quantities: sp. gr. 1.008, no sugar. Subnitrate of bismuth, in drachm doses, three or four times daily, was the only remedy that gave any relief. She subsequently became pregnant, after a favorable termination of which her condition greatly improved. —*Med. and Surg. Rep.*, Mar. 24.

ACID DYSPEPSIA.

In a paper read before the Manchester (England) Medical Society, Dr. McNaught claims, from experiments made on himself, that the acids which causes the irritation in heartburn is hydrochloric acid. He analyzed matter obtained from his own stomach when he was suffering from acidity and was thus led to the above conclusions. He further showed that the tendency of hydrochloric acid is to prevent lactic fermentation, and he adduces this as additional evidence that the acidity in acid dyspepsia is not due to lactic acid.

We are willing to concede the fact as above stated, but we repudiate the deductions. The author of the paper displays that unfamiliarity with this subject which is at the root of the empirical and often mischievous treatment of acid dyspepsia by means of alkalies, etc. This condition may be due either to an excess or a deficiency of hydrochloric acid, and the treatment differs accordingly. When hydrochloric acid is deficient the process of normal digestion gives place to fermentation, in which lactic and butyric acids are both generated. In the case of excessive secretion of hydrochloric acid the acidity will be found to be greatest either before meals, and is relieved by food, or immediately after meals. In deficiency of this normal ingredient of the gastric juice the food remains undigested and in form two to four hours after its ingestion, according to the nature of the food, fermentation and acidity supervene. In the latter case the eructations are not only acid but peculiarly irritating to the œsophagus, the existence of butyric acid being particularly apparent to the taste.

In the treatment of each of these varieties of acidity, acids are to be exhibited, but in an intelligent manner, and in conformity to the physiological law that acids check acid secretions. The exhibition of hydrochloric acid in combination with the simple bitter tonics one or two hours before meals overcomes to a degree the excitability of the glands and thus renders them less susceptible to the irritation of the food, the bitters assisting, by their direct

tonic action on the tissue, toward permanent relief. When a deficiency of hydrochloric acid is secreted this should be supplied immediately after each meal. The acid given at this time facilitates digestion and thus prevents that fermentation which manifests itself in lactic and butyric acid eructations. The joint exhibition of pepsin in such cases aids in digestion.—*Medical Age*.

CHLOROFORM WATER IN GASTRIC IRRITATION.

It is well known that washing out or lavage of the stomach with liquids containing a certain proportion of alcohol is of advantage in chronic diseases of this organ, such as cancer, catarrh and dilatations.

M. Bianche, in *Lo Sperimentale*, November, 1882, recommends, to prevent fermentation, an aqueous solution of chloroform.

In three cases, one of cancer of the stomach, another of catarrhal gastritis with dilatation, and the third of chronic gastritis, he introduced daily, by means of a stomach pump, a quart of chloroform water, leaving it in the stomach from a few seconds to some minutes.

Instead of irritating the gastric mucous membrane, the chloroform solution augments the secretion of gastric juice, and even when it is absorbed is not toxic in so feeble a dose.—*Med. and Surg. Rep.*, Apr. 28.

THE USE OF IODINE AS A STOMACHIC SEDATIVE.

The employment of iodine for the relief of the vomiting of pregnancy has been somewhat in vogue for a number of years. And while the success attending its use has been pointed out with more or less enthusiasm, its exact value has never been established. Dr. T. T. Gaunt has for a number of years been employing the compound tincture of iodine in drop doses in nearly all forms of emesis, and reports thirteen cases of the most varied character, in all of which vomiting was promptly arrested by the use of this drug.—*Med. Record*, April 21.

RECIPE FOR DYSPEPSIA.

A gentleman who had recently returned from abroad received this mixture from "a consulting surgeon of St. Bartholomew's Hospital, London":

R. Potass. brom., 3 iss; spts. ammon. arom., 3 ij; infus. gent. comp., ʒ iv. M. Sig. Two tablespoonfuls three times daily.—*Med. Bulletin*, April.

ANOREXIA.

M. HUCHARD recommends the following stomachic for persons who suffer from debility, with loss of appetite:

Tinct. cardamoni, f. ʒ i; tinct. anisi, f. ʒ i; tinct. aurantii corticis, tinct. gentinæ, aquæ menth. pip, aa f. ʒ iiss; aquæ, ad ʒ ii. M. Sig. Teaspoonful between meals.—*Journal of Chem.—So. Med. Rec.*, April.

DYSPEPSIA.—PEPSINE LOZENGES.

Pure pepsine, 4 drachms; muriatic acid, 45 grains; distilled water, 15 grains; glycerine, 1½ drachm; tragacanth powder, 2 drachms; red saunders, 8 grains. Mix and divide into 50 lozenges. Dose, five per day, to be taken with some water.—*Can. Jour. Pharm.*

ACTION OF ERGOTIN ON THE SPLEEN.

Dr. WINAGROW reports two cases demonstrating the action of ergot on the spleen. In both cases the spleen was very much enlarged—due to intermittents or malarial poisoning. Dose ranges from 0.03 gram, 3 times daily to 0.12 gram 4 times a day. In one case spleen diminished in size very rap-

idly, and the general condition of the patient improved very much. In the other case improvement was not so marked. It explains this as being due to hypertrophy of the connection tissue of the organ, or an already existing amyloid degeneration.—*Cin. Lan. and Clinic.*

AGUE CAKE.—EUCALYPTUS.

This drug has been found by MOSLER to have a marked effect in reducing the volume of the spleen. He found by accurate measurements that under the use of the extract of eucalyptus leaves the spleen decreased in all its dimensions. These experiments were performed on dogs, and would seem to indicate that preparations of eucalyptus are likely to be of value in the treatment of ague cake.—*Med. Summary, March.*

CIRRHOSIS OF LIVER.—MILK DIET.

Cirrhosis of the liver is treated by Prof. ERRIES DE RENZI, of Genoa, by the use of a strict milk diet. Consisting in a chronic inflammation of the connective tissue of the liver, which causes the disappearance of its parenchyma, stasis in the vessels of the spleen (splenic tumor), in the vessels of the intestines (gastro-intestinal catarrh and hemorrhoids), and in the vessels of the peritoneum leading to ascites, it has been generally regarded as incurable. Yet Prof. Renzi has treated several cases of this sort by a rigid milk diet, with entire relief of the distressing symptoms and apparent cure of the disease.—*Med. Rev., March 10.*

PAINFUL SWELLING OF THE LIVER IN YOUNG ALCOHOLIC SUBJECTS.

MATHIEU considers the tender enlarged liver in young alcoholic subjects as due to chronic congestion, and believes that this is an important feature in diagnosis, especially when taken in connection with other symptoms of alcoholism. It is considered as a premonitory sign of interstitial inflammation in the liver, and therefore of importance in prognosis and in the indications for treatment.—*La France Médicale.—Med. Times.*

INDICATIVE OF HEPATIC ABSCESS.

Dr. J. KINGSTON FOWLER (*Lancet*) is strongly impressed with the fact that when obscure disease, *e. g.*, pleurisy with doubtful pneumonia, at the base of the right lung, is associated with profuse sweating, the formation of an hepatic abscess should be suspected.—*Med. and Surg. Rep., March 17.*

JAUNDICE.—PHOSPHITE SODA.

Dr. WALKER, at the Philadelphia Hospital, prescribed phosphite of sodium for a case of jaundice, not depending on an organic disease of the liver.—*Med. Summary, March.*

APOMORPHIA AS AN EMETIC.

Dr. W. GEDDES STARK reports two cases in the *Canada Lancet*, one of a man who had swallowed false teeth, which were sticking in the œsophagus, the other of a woman who was becoming rapidly comatose from morphia poisoning. In each case he injected hypodermically $\frac{1}{8}$ gr. apomorphia. In the one case it provoked free emesis in six and in the other in eight minutes.—*Denver Med. News.*

FLATULENCE.

In flatulence, Dr. BRUEN (Phila. Hosp.) prescribes a pill containing five grains of bicarbonate of soda and five drops of oil of eucalyptus two hours after meals. Pepsine or pancreatine with milk food and the mineral acids with meats should be directed to be taken immediately after meals.—*Med. Herald.*

INTESTINAL TONIC.

Dr. E. T. BRUEN (Phila. Hosp.) often prescribes a pill containing one-fiftieth of a grain of strychnia and one-fiftieth of a grain of calomel, after meals three times a day for three or four months, as a tonic to the intestinal tract, and to stimulate the action of the liver.—*Med. Herald.*

CASCARA SAGRADA IN CONSTIPATION.

J. FLETCHER HORNE, F.R.C.S., writes: "*Cascara Sagrada*, *Rhamnus purshiana*, is a small tree indigenous to the Pacific coast of North America. The fluid extract I have used is that prepared by Parke, Davis & Co., Detroit. Its use, in my hands, seems to be indicated in almost all cases of constipation, particularly in cases of torpidity of the liver, with scanty dry stools and indigestion. It seems to act as a stimulant to the muscular fibers of the intestines, through its action upon the sympathetic nerve, this increasing the vermicular movements of the intestines, thus resembling nux vomica. I have used it in several cases of obstinate constipation with very satisfactory results. I generally give twenty drops three times a day in sweetened water for ten days or a fortnight; and then, gradually reducing this dose, the patient is able to establish a habit of regularity. Given in doses of a teaspoonful, it acts as a gentle purgative, without producing any griping tenesmus or nausea; but its action is slow, and, in this sized dose, seems to lose its good property of curing the constipation. With children, with smaller doses, I have had equally good results."—*British Med. Journal.*—*N. Y. Med. Jour.*, April 7.

OBSTRUCTED BOWELS.—BELLADONNA LOCALLY.

The external application of belladonna was resorted to by Dr. COSTINE (*London Lancet*) in a case of intestinal obstruction, and was followed in a few hours by a discharge from the bowels. There was obstinate constipation, no evacuation having taken place for fourteen days. Vomiting had occasionally taken place, and there had been much pain in the abdomen. Examination showed much distention of the belly, though the walls were not tense. There was occasionally a soft, defined swelling in the right iliac region about the size of the cæcum, but no lumps or bowel could be felt; there was no hernia and nothing abnormal could be felt per rectum. A large quantity of fluid could be injected. The patient had taken all kinds of purgatives without effect. One grain of opium every six hours was ordered; also cold, strong beef tea and milk in small quantities often repeated. The next day there was freedom from pain and vomiting, but on the second day after, he was much prostrated, with a frequent and intermittent pulse and fecal vomiting. Six ounces of brandy in twenty-four hours and plenty of beef tea were ordered, and one ounce of belladonna ointment spread on a large poultice was applied over the abdomen, and frequently repeated. The belladonna was first applied in the afternoon, and the same evening the bowels were opened. He progressed favorably for several days, when constipation again took place, which castor oil failed to relieve, but which the external application of belladonna, and opium internally, removed.—*Med. Rev.*, April 7.

MERCURY IN INTESTINAL OBSTRUCTION.

From an examination of a large number of cases, BETTELHEIM has come to the conclusion that the use of mercury in bulk (about seven ounces as a dose) is by no means a worthless remedy. On the contrary it sometimes saves life in cases of obstruction of the intestine, not yielding to other means, which are due to fecal accumulation, ascarides, twisting or intussusception. No injury, and especially no perforation of the intestine is caused by it. He therefore recommends that after the use of the ordinary means, such as moderate doses of laxatives, opiates, irrigation of the intestine, changes in the position of the patient, electricity, and massage, mercury in bulk should certainly be had recourse to without fear.—*The Practitioner*, March, 1883.—*Med. Record*, April 7.

TREATMENT OF DYSENTERY.

Mr. F. RAWLE, M.R.C.S., has used with success the following: First, having placed the patient between warm blankets, a pint and a half of warm water, at a temperature of 90° Fahr., is injected. This is seldom retained longer than a few minutes, but is pronounced very grateful to the patient. When the water has soothed the mucous membrane of the colon and rectum, and brought away any *effete* matter, two ounces, by measure, of the following enema is administered with a gum-elastic bottle: R. Quinine sulphate, ten grains; compound tincture of camphor, four drachms; decoctum amyli, to two ounces. Mix, and, when about milk-warm, inject, which is generally retained; but, if ejected, it may be repeated after an hour or two. This has been found of great service, and very grateful to the patient; the effect is like magic. If griping pains be felt over the region of the epigastrium, half-drachm doses of chlorodyne, in some aromatic water, mint, caraway, or aniseed, should be given. The diet, of course, should be of the most soothing kind—jellies, isinglass, linseed, toast, and barley-water *ad libitum*. Ipecacuanha appears of little service, and Mr. Rawle has discarded it from his treatment. Warm turpentine stupes, on warm flannels, over the hypogastrium prove very beneficial.—*British Med. Jour.*—*N. Y. Med. Jour.*, March 3.

SUCCINATE OF IRON IN BILIARY COLIC.

Dr. JAS. A. STEWART, of Baltimore, revives the claim that the hydrated succinate of the peroxide of iron is efficient in the treatment of gall-stones. He reports one case in which a patient, a lady of forty, who had suffered for three months and was greatly emaciated, recovered health rapidly under drachm doses of the succinate. There had been no trouble for two years.—*Med. Record*, March 3.

RECTAL ALIMENTATION.

Prof. JAMES TYSON gave the following directions for preparing food for rectal alimentation: Take one-half pound of fresh pancreas, the so-called sweet-bread of the market-house; mince it well, and pulpify it in a mortar with water at 100° Fahr.; then strain through a cloth, and mix it thoroughly with one and one-half pounds of minced beef (without fat, and the yolk of an egg). Stand this aside for two hours. Use one-half of this for one enema, and use it in one day, as it will not keep longer. It ought to be prepared fresh daily.—*Med. Herald*.

DISEASES OF THE URINARY ORGANS.

URÆMIC PSYCHOSIS.

Dr. EDWARD T. BRUEN reports a case which he calls Uræmic Psychosis. A man between 40 and 50, in whom the diagnosis of interstitial nephritis had been established, and in whom the ordinary cardiac and arterial lesions atten-

dant upon this disease were moderately well marked, together with the usual symptoms found in such cases, but without any mental disturbance, awakened one morning in a state of confused intellection. In a few hours intense excitement and wild hallucinations manifested themselves. The skin was bathed in sweat, pupils immobile, pulse slow, and respiration only ten per minute. At times the excitement tended to deepen into stupor and coma, but soon the physical disturbances reasserted themselves. This state lasted three days, when the patient recovered his ordinary condition, and was unaware that anything unusual had transpired. The chief item in the treatment consisted in the free use of jaborandi, until copious diaphoresis was produced, which was not considered contra-indicated by the already existing leaky skin, produced, as it evidently was, by repletion of cutaneous vessels, and hence was a transudation, and unable to eliminate the products of retrograde tissue change, that the direct stimulation of the sweat-glands by the remedy produced.—*Med. Times.*—*Med. and Surg. Rep.*

RECURRENT HÆMATINURIA.

Dr. W. JONES MORRIS considers a case which he has had sufficiently unusual to warrant its publication in the *Brit. Med. Jour.*, March 24, 1883. In 1877, a boy aged ten, who was suffering from partial suppression, albuminuria, and slight puffiness under the eyes, but with no pain in back and no evidence of derangement of the chylo-poietic viscera, was treated for suppression; but, before the kidneys returned to their normal action, he had a convulsion. A few days subsequently his urine became very dark, sp. gr. 1022, containing some granular matter, oxalates, and one or two faint granular tube casts, but no blood corpuscles. After three days a most extensive crop of petechiæ appeared on the legs and thigh, but none on the body. After their appearance the urine began to regain its normal color. These attacks were repeated four times, at intervals of four weeks, and no medicine had any effect, until chloride of ammonium in five-grain doses four times daily was used, after which he had only one attack. In June, 1878, it is noted that he is as well as ever, and urine normal.

NOTE, January, 1883.—This lad has been in good health ever since, and follows the precarious occupation of a sailor; but, notwithstanding the inclemencies incident to his vocation, he has not had any return in any degree of the symptoms detailed.

The etiology of hæmatinuria seems wrapped in much doubt—derangement of chylo-poietic viscera, ague, changes in the blood, all being assigned as causes. The relief from the urinary symptoms upon the appearance of petechiæ would lend color to the last cause.—*Med. and Surg. Rep.*, April 28.

INOSURIA.

From the *Medical Record*, March 31, 1883, we learn that Dr. Cochot concludes a thesis on this subject in the *Journal de Médecine de Paris*, as follows:

1. Inosite (muscle sugar) is *never* met with in normal urine.
2. Urine containing inosite may also contain albumen or ordinary glucose. In some cases, however, the glucose disappears entirely, and is replaced for a time by inosite, or vice versa.
3. Thus inosuria is not a separated disease, but is a symptom which may be met with in Bright's disease or diabetes.
4. Whenever we find inosite in the urine, we have to do with diabetes or albuminuria. The patient is exposed to the same dangers, and the effects of injuries are equally grave.
5. Since inosuria may supervene upon glycosuria, it adds another difficulty to the diagnosis of the latter. For inosite does not turn the plane of polarization, neither does it give the characteristic chemical reactions of glucose.
6. Inosuria is to be suspected when the urine, boiled with Fehling's solution, throws down a flocculent precipitate of a greenish color. But certainly is only obtainable by a thorough qualitative analysis.

7. It is of great importance to remember that a patient with inosuria is really the subject of Bright's disease or diabetes, in view of the gravity of operations or of wounds in general in such patients.—*Med. and Surg. Rep.*, April 21.

OXALURIA.

Dr. JOSEPH L. BAUER, of St. Louis, reports (*Medical and Surgical Reporter*) a case of oxaluria which manifested itself in irritability of the bladder with frequent micturition, day and night; pain along the urethra and at the neck of bladder after urination; muco-gelatinous discharge from the urethra and flakes of mucus in the urine; hypochondria, indigestion, general pains, constipation and partial impotency. An examination showed urethral hyperæsthesia and a tender and slightly enlarged prostate. The latter condition was relieved by a mixture of buchu, hyoscyamus and acetate of potassa, internally, and a suppository of ten grains of iodoform, five drops of oil of eucalyptus introduced into the urethra daily. The sensitiveness of the parts being allayed and an examination of concretions passed revealing oxalate of lime, five drops of dilute nitro-muriatic acid, to be gradually increased with toleration, were given three times a day, and a solution of one and a half (1½) drops of pure nitric acid in two ounces of water was injected into the bladder.

The oxalate of lime diathesis is more frequent than is generally supposed, and is often mistaken for some other obscure difficulties. Thus a sufferer for some years, consulted a neurologist of New York city, who immediately diagnosed some serious nerve trouble. The patient returned to St. Louis, and placed himself upon an acidulated carbonic acid and beer diet, soon recovered his health. Medical literature fails to discover any distinctive discussion of this disease. Walter Coulson, F.R.C.S., England, and Prof. Austin Flint, are the only ones in which references could be found. It would be well for some of our authorities on genito-urinary subjects to devote more space to the description of such affections, which are so liable to be mistaken for other pathological conditions. Peri-nephritis, for instance, is another one of these renal difficulties which have not received sufficient attention. Dr. Gibney, of New York, has directed our attention to the great resemblance it bears at times to the morbus coxarius, and yet none of our great orthopedic surgeons make reference to it. And yet, the disease exists and does simulate hip-joint disease greatly.—*Med. Age*, April 25.

POLYURIA DUE TO SYPHILIS.

Polyuria it is held by Professor Semmola may be due to a form of cerebral syphilis. He has reported three cases (*Revista de Ciencias Médica*), in one of which the patient passed in twenty-four hours forty-three pints of urine, with a specific gravity from 1001 to 1005. He had been treated by several physicians without success, and finally put himself under the care of the Professor, who discovered that he had chronic syphilis, and attributed the polyuria to that affection. He was treated with the albuminate of mercury hypodermically and iodide of potassium, and was cured in two months.—*Med. Review*.

BILHARZIA HÆMATOBIA.

The *Lancet*, March 3, 1883, tells us that an interesting contribution to our knowledge of the Bilharzia hæmatobia, and its influence on those parts of the human body which it infests, has been recently published by Dr. Zancarol, of Alexandria. As our readers know, the adult worms, which are of separate sexes, inhabit the veins not only of the urinary but also of the digestive tracts. It has been said that the changes so frequently found in the kidneys are the direct result of the presence of the parasite. Dr. Zancarol

opposes this view; he points out that the ova and embryos are chiefly confined to the lower quarters of the urinary passages, and believes that the renal alterations are secondary to cystitis. Specimens of kidneys and other parts of the urinary tract were demonstrated before La Société Médicale des Hôpitaux de Paris, together with microscopical preparations taken from a man who died with the symptoms of uræmia. The right kidney was in a state of marked hypronephrosis. The left kidney showed much fibroid overgrowth in places. The walls of the ureters were notably thickened. The ova of the nematode were detected in but small numbers in the most superficial part of the vesical mucous membrane. A second demonstration was given of the intestines removed from a man who had suffered during life from chronic intestinal ulceration. The surface of the sigmoid flexure was studded with vegetations which, in the fresh state, had the appearance of internal hæmorrhoids. These elevations were found, on microscopical examination, to consist of folds of the mucous membrane, the meshes of the stroma of which were stuffed with the eggs of the parasite. Dr. Zancarol stated that ova from the intestines have a spine which is situated laterally, whilst those from the urinary passages have a terminal one—*Med. and Surg. Rep.*, April 21.

EXAMINATION OF URINE.

Dr. FORMAD, of Philadelphia, who has recently come into prominence as a microscopist, gives the following succinct rules for the examination of urine:

1. Sediment in the urine has no significance unless deposited within twenty-four hours.

2. Albumen in the urine does not indicate kidney disease unless accompanied by tube casts. The most fatal form of Bright's disease—contracted kidney—has little or no albumen.

3 Every white crystal in urine, regardless of shape, is a phosphite, except the oxalate of lime, which has its own peculiar form—urine alkaline.

4. Every yellow crystal is uric acid if the urine is acid, or a urate if the urine is alkaline.

5. Mucous casts, pus, and epithelium signify disease of the bladder (cystitis) or of other parts of the urinary tract, as determined by variety of epithelium.

6. The urine from females can often be differentiated from the urine of males by finding in it the tessellated epithelium of the vagina.

7. Hyaline casts (narrow), blood, and epithelial casts signify acute catarrhal nephritis. Much albumen.

8. Broad hyaline casts, and epithelial dark granules and oil casts signify chronic catarrhal nephritis. At first, much albumen; later, less.

9. Hyaline and pale granular casts, and little or no albumen. signify interstitial nephritis.

10. Broader casts are worse than narrow casts, as far as diagnosis is concerned, for the former signify a chronic disease.

11. The urine should be fresh from microscopical examination, as the micrococci will change hyaline casts into granular casts, or devour them entirely in a short time.

12. Uric acid in the urine may, in Trommer's test for sugar, form a protoxide of copper, this often deceiving the examiner into the belief that he has discovered sugar. Thus, when urine shows only sugar, other methods of examination must be used—preferentially the lead test.

13. The microscope gives us better ideas of the exact condition of affairs in the examination of the urine than in the various chemical tests.—*Louv. Med. News.*

URINE-TESTING.

At the last meeting of the Clinical Society of London the important subject of urine-testing was brought up by Dr. George Johnson. Already at the

Pathological Society Drs. Pavy, Oliver, and Ralfe have this session given demonstrations of new tests, etc. Dr. Ralfe's communication was of considerable importance. It was to the effect that, although picric acid, ferrocyanide of potassium, and the other new tests are valuable as affording us means of detecting very minute traces of albumen, yet they are imperfect, as not by themselves distinguishing between the different forms of albumen found in urine. He showed—1. That urine precipitated by ferrocyanide of potassium, and also coagulated by heat, contained serum albumen. 2. Urine precipitated by ferrocyanide of potassium, and not coagulated by heat till citric acid be added, contains alkali-albumen, or casein. 3. While if the addition of carbonate of sodium be necessary before coagulation by heat occurs, the albumen is in the form of acid-albumen or syntonin. 4. Urine coagulated by ferrocyanide of potassium, and not precipitated by heat at all, but giving a red color with an alkaline solution of copper sulphate, contains parapeptone. Heat, therefore, must be employed in all cases where the more delicate tests have shown the presence of albumen, to determine what form that albumen is present in. This knowledge throws much light upon the other conditions of the urine.—*Med. News*, Mar. 31.

THE ACTION OF ARSENIC UPON DIABETES.

Dr. QUINQUAND, in an article recently published in the *Bulletin Général de Thérapeutique*, reports the results obtained from the administration of arsenic to animals in which diabetes had been experimentally produced, and also to patients suffering with mellituria. Fowler's solution was used in moderate doses. It was found that arsenic administered to diabetic patients usually produced a diminution of the daily amount of sugar excreted; but very often there is also a decrease in the quantity of water, and also a small but positive reduction in the urea. These results occurred uniformly in the animals experimented upon; they were less so in man, possibly because the doses were relatively smaller.—*Med. Times*, Mar. 24.

DIABETES.—PERMANGANATE POTASS.

Permanganate of Potassa has been used for six years in the treatment of diabetes mellitus by M. Masoin, in accordance with a suggestion of Sampson in 1853. He has found it sometimes to fail completely, and again to furnish most brilliant results. Studying the cause of this variation in its action upon the liver, by which organ the manganese is eliminated, he found on careful observation that the manganese acted favorably in those cases of diabetes which were associated with an engorgement of the liver.—*Med. Review*.

RESORCIN AS A REMEDY FOR CYSTITIS.

Dr. J. ANDEER (*Centralbl. f. die Med. Wissen.*) reports extensive use of resorcin in acute and chronic cystitis, and claims for it almost specific curative power. He reports one hundred and fifty-six cases where, either by him or to his personal knowledge, it was injected into the human bladder with the best results in vesical catarrh. Acute cases have been entirely cured by the injection of a five per cent solution.—*Med. Brief*, April.

CYSTITIS.

Dr. WM. H. PANCOAST recently recommended at one of his clinics at the Jefferson Medical College the following mixture for an acute case of cystitis:

R. Fl. ext. triticum repens, ℥ ij; syr. orgeat, ℥ ij. M. Sig. Two teaspoonfuls in water five or six times daily.—*Medical Bulletin*.

SPONTANEOUS DEVELOPMENT OF GAS IN THE BLADDER.— DIABETIC PNEUMATURIA.

In rare instances of stone in the bladder it has been observed that gas may escape from the urethra with the urine, where no fistulous connection with the bowel can be assumed to explain it. M. Guiard has found that in several cases of this character there was sugar in the urine, and he attributes the formation of the gas to decomposition of the diabetic urine under the action of a ferment while still contained in the vesical cavity.—*La France Médicale*.—*Med. Times*. April 21.

THE URINE AND MALIGNANT DISEASE.

Examination of the urine becomes more and more important as physiological and pathological investigation is carried on further. M. Rommelaere claims that repeated careful observation has shown him that in cases where malignant disease is present, whatever be its site or morphological nature, the proportion of urea in the urine progressively diminishes until it becomes less than 12 grammes (180 grains) in 24 hours. This hypo-azoturia does not exist in cases where tumors are benign.—*Medical Review*.

THE REACTION OF URINE IN INFECTIOUS DISEASES.

The Berliner Klinische Wochenschrift publishes a statement, by Ehrlich, to the effect that on the addition of a solution of sulphanilic acid to the urine of patients suffering from such infectious diseases as tuberculosis, typhoid fever, etc., a bright red color is produced, while in the urine of ordinary inflammatory diseases or febrile affections there is no such effect. Further details of this interesting discovery are promised.—*Medical Age*.

ALBUMEN.—FERROCYANIC PELLETS.

Ferrocyanic Pellets, made of sodic ferrocyanide and citric acid, are recommended by Dr. F. W. Pavy (*British Medical Journal*), as a clinical test for albumen. The advantages they possess are that they are very soluble, are always ready for use, simply requiring to be crushed, which can readily be done with a coin from one's pocket, and requiring no heat. The test he says is so delicate that even when there is only a small amount of albumen present it is easily recognized. After crushing, the powder is put into a test-tube and the urine poured in to the height of about an inch, which will be all that is required. Phosphates, he says, do not interfere with the reaction, but if lithates are present, giving the urine a cloudy appearance, it must first be warmed. They can also be used after the manner of the nitric acid test, by first dissolving the pellet in a little water and then allowing the urine to trickle down the side of the tube until a quantity about a half an inch in height has been introduced, when the albumen will be more clearly shown than with the nitric acid.—*Med. Rev.*, Mar. 3.

ALBUMEN.—TRICHLORACETIC ACID TEST.

Trichloroacetic acid is regarded by RAABE (*Zeitschr. f. Anal. Chem.*), as a more delicate and reliable test for albumen in urine than the nitric acid or even the metaphosphoric acid tests. If a small piece of the crystallized acid is dropped into a test-tube containing urine which has been carefully filtered, it gradually dissolves to the bottom of the tube, and if albumen be present, a turbid zone will be observed when the fluids mingle. No such appearance

occurs when the urine is normal. If urates are excessive in amount, there will be a sort of turbidity through all the urine, which, however, disappears at once on the application of heat. This is not true of the turbid ring caused by the reaction of trichloroacetic acid on albumen in the urine.—*Med. Rev.*, Mar. 17.

ALBUMEN.—PICRIC ACID TEST.

Picric acid is a very delicate test for albumen in urine. A saturated solution immediately coagulates any trace of albumen that may be present in the urine. It is a more delicate test than nitric acid. The powder may be carried in the pocket and some of it thrown into a specimen of the suspected urine while it is still warm, and if albumen be present, a distinct cloudiness or a noticeable precipitate is formed at once.—*Med. Rev.*, Mar. 17.

ALBUMEN.—ACIDULATED SALINE TEST.

Albumen in the urine may be detected by the following very delicate test, which is recommended by Dr. Wm. Roberts, in the *Lancet*: Mix a full ounce of dilute hydrochloric acid with a pint of water, saturate this with common salt and filter. Place some of the suspected urine in a test tube, which should be held very much aslant, and the acidulated brine allowed to trickle down the side so as to make a distinct layer below the urine. If albumen be present, a white cloudy zone is found at the junction of the two fluids.—*Medical Review*.

TEST FOR IODINE IN THE URINE.

After dressing wounds freely with iodoform, iodine frequently appears in the urine. The *Bulletin Générale de Therapeutique* gives the following simple test: A little chloroform is added to the suspected urine in a test tube. One or two drops of nitric acid are added and the mixture shaken. Iodine will be set free, and dissolved in the chloroform, and be found in the bottom of the test tube, presenting a beautiful violet color.—*N. Carolina Med. Jour.*

ALKALOIDS IN THE URINE.

In the *Revue de Medicine*, Dr. BOUCHAT announces that he has succeeded in finding certain alkaloids in the urine in health. He believes that they are elaborated in the alimentary canal by vegetable organisms, the agents of intestinal decomposition. Those diseases as typhoid fever, which increase intestinal putrefaction, augment proportionally the quantity of alkaloids in the urine, and in proportion as this process is controlled by charcoal and other agents, the alkaloids in the urine are diminished. Hence he concludes that they are generally found in the intestine, and are absorbed in part by the mucous membrane and excreted by the kidneys.—*Chicago Med. Rev.*

INCONTINENCE OF URINE.—RHUS AROMAT.

No remedy has given us so satisfactory results in cases of nocturnal incontinence of urine as *rhus aromatica*. This agent seems to be exactly adapted to all these cases so far as our experience, and that of our medical acquaintances go. The dose is usually 10 drops to commence with, repeated three or four times a day, for two or four days, then it is steadily increased say from 20 to 40 drops per diem. In all bladder and prostatic affections of old people, the *rhus* will be found a very reliable remedy.—*Atlanta Med. Journal*.

SURGERY.

OPERATIONS, APPLIANCES, DRESSINGS, ETC.

THE ELECTRIC LIGHT IN SURGERY.

Mention was long since made in our columns of some curious experiments that had been made in Europe in lighting up internal cavities of the body by means of electricity, with a view to enable the physician better to "see into" the case. The method of exploration seems likely to become no novelty in surgery. Apparatus is now being made in Vienna for illuminating the throat, nasal passages, bladder, and other portions of the inner man. "Letting daylight shine through" a person is an old idea, but this rendering the body transparent and making its hidden recesses visible is a different thing.

Dr. Thomas Oliver, in an English medical journal, refers as follows to his own experience with this application of electricity:—

Having at the present time a patient in the infirmary who is suffering from hydatid disease of the liver, on whom the operation of abdominal section with incision of the liver had been performed, giving exit to about seven pints and a half of pus—I took advantage of the opportunity, and succeeded in lighting up the interior of the cyst by means of the electric light. For this purpose Mr. Payne devised and constructed a brass tube, electro-plated, nine and a half inches in length, and eleven-sixteenths of an inch in diameter externally. One end of this tube was funnel-shaped, and the other was closed by a piece of glass; down this tube was inserted a narrow cylinder, which carried a Swan's lamp and the electric wires. This tube, with its glazed extremity, was smeared with carbolized-oil, although, in future, I shall use carbolized glycerine for the window of the tube, and, with gentle pressure, I succeeded in passing it through the abdominal incision into the interior of the liver. The lamp was at once lit, and I had the pleasure of observing a greyish-red condition of the wall of the cyst, studded across which were numerous yellow-white spots, evidently pus; a slight oozing, or sweating, was also noticed on the wall of the cavity. The illumination of the interior of the liver by means of the electric light was in every way satisfactory and successful; and, although it is of little aid in the treatment of the case in question, it has shown us that the lighting up of internal cavities is not only a possibility, but a matter of comparative ease. With the extremely small size of the Swan's lamp required (it is not much larger than an ordinary bean), which gives a light equivalent to that from three candles, and with the improved instruments which Mr. Payne is devising, I see how the electric light might become useful in operations for vesico-vaginal or recto-vaginal fistula, and in certain diseases of the bladder.—*Boston Jour. Chem., May.*

INJURIES OF THE HEAD IN RELATION TO CRIMES OF VIOLENCE.

Dr. CLIFFORD L. DREW, in the *British Medical Journal*:

The subject of crimes of violence in connection with cranial injuries is, I believe, as far as the convict service is concerned, an uninvestigated field.

All scars, or other cranial injuries, are entered into the description of the prisoner on his medical history sheet, but I am not aware of any possible connection of these with the prisoner's position being considered in the light of cause and effect. My attention was called to this subject by several very interesting cases, which were sufficiently well marked to at least make one wish the subject could receive more attention. A very shrewd observer told me that, after nearly thirty years' experience among prisoners of the most violent and dangerous type, he was fully convinced that the cranial injuries received by prisoners did in some way influence their careers. One thing is certain that, among convicts, a great number of epileptics is found; and when one considers that it is quite exceptional to find a prisoner of the lower class without the remains of a scalp wound, the question naturally occurs, what effect has the injury had? Out of one hundred cases, taken indiscriminately, I found only 8.8 per cent. without some cranial injury or other. As many prisoners have led exceedingly vicious lives, and many, probably, have inherited tendencies, it would very likely be impossible to ever draw any reliable conclusion on the subject of simple scalp wounds.

The subject which these few remarks is intended to open upon is that of depressed fractures in relationship to murderous assault and crimes of that order. The following are good examples of different types of cases referred to:

CASE 1.—The prisoner, a mate of a vessel, well educated, and with an exceedingly retentive memory for dates and names, was sentenced to penal servitude for attempting to shoot one of the crew. As a rule, his certificates showed that his conduct had been excellent, but one or two told a different tale. On several occasions he had broken out in paroxysms of frenzy, and had attempted violence, for which he was placed under restraint. This man was put under medical observation, as he showed signs of mental derangement. His one great complaint was "an undue quantity of blood to his head," and, indeed, this remark first drew my attention to his condition. A lengthened observation confirmed the suspicion of his mental state, and he was eventually removed on this account. He always objected to answering questions, as he said he became confused, and could not correctly state what he wanted to say. During a conversation one day he told me that, at the former prison, he had received corporal punishment for insolence to an official. I can hardly believe this, as that sort of punishment is now only resorted to in extreme cases. I should fancy that no director would undertake the responsibility of according such a punishment for an offense of that nature. If this statement were true, it would be conclusive proof that his mental condition had not been suspected. This man had a depressed fracture of the frontal bone, caused many years ago by falling on a nail.

CASE 2 was that of a different type of criminal from the last. This convict, during work, made a murderous attack with a shovel on a warder. In this case there was also a deeply depressed fracture of the skull. His intellect was of a low order, but he showed no evidence, during many months of observation, of passion.

CASE 3 occurs in a soldier—a most insubordinate man, with uncontrollable temper. In this case there was a depressed fracture of the frontal bone. This fracture prevented his being certified fit for corporal punishment.

Roderick McLean, who attempted to shoot Her Majesty, I believe had received an injury to his head; and another instance occurred in the case of a man who, on being checked or contradicted in a public house, made a murderous attack on a policeman. In both these cases, we have no evidence of the nature of the injuries. These cases are examples of classes of criminals deserving great attention. We know how men who have received sunstroke or other injuries to the head are often irritable and easily affected by a small quantity of alcohol. How much more would a depressed fracture be likely to cause these results? Whether the fracture cause a protrusion of the inner plate of the skull, thickening of the membranes, or inflammatory deposit, the morbid condition is a latent one, and only requires an exciting cause to produce results. This exciting cause may be alcohol, any irritating remark or contradiction; and either of these appears sufficient to develop paroxysms of uncontrollable passion.

The important question to which this subject gives rise is: Does such injury, and consequent local affection of the brain, weaken the moral control of the individual? The inquiry is a most difficult one, and thorough investigation is probably impossible, as far as convicts are concerned, for the following reasons: (1) The statements of the convict cannot be relied upon; (2) In most cases no family history can be obtained.

One object is gained by investigating this subject; and that is, to consider all criminals with depressed fractures of the skull as dangerous, and requiring specially careful and judicious management. If it can be proved that such men are easily excited and rendered unaccountable for their actions, surely they should not be treated as ordinary criminals, subjected to rigid discipline and surrounded by associations that would naturally tend to excite the paroxysms of maniacal passion. It may be said that these were cases of homicidal mania; if so, the question still remains: What had the fracture to do with the condition?—*Louv. Med. News*, April 21.

BRAIN-LESIONS OF TRAUMATIC POLYURIA.

In a young man who had suffered a severe blow upon the left side of the head and neck, temporary unconsciousness was followed by diplopia, which gradually disappeared, and by deafness in the left ear. He also developed inordinate thirst and polyuria. Upon examination there were discovered the following morbid signs: Complete paralysis of the left external rectus and slight paralysis of the right external rectus. In the left ear there was loss of perception of tones as such, and of power to distinguish them except when the tuning fork was placed over the mastoid process. The watch could be heard the same on both sides. The quantity of urine was twelve litres (nearly twenty-six pints); neither sugar nor albumen was detected. Under the use of iodide of potassium internally and inunctions of mercurial ointment at the back of the neck, there was a decided reduction in the polyuria.

Dr. Flatter, who reports the case (*Arch. für Psych.*, etc.), believes that the symptoms indicated the existence of an accumulation, possibly hemorrhagic, lying deeply in the medulla oblongata under the nucleus of the left external rectus, not only destroying the roots of this nerve, but also extending across so as to affect the nucleus of the right abducens as well. The cause of the peculiar difficulty of hearing, however, is not clear.

In the literature of diabetes insipidus and brain-injury it is of interest to note that two other cases (Kamnitz and Gayet) of paralysis of the sixth nerve have been observed accompanying diabetes.—*Med. Times*, April 21.

INJURIES OF THE BRAIN AND SPINAL CORD WITH CONSEQUENT OCULAR LESIONS.

NIEDEN ("Arch. f. Augenheilk," xii, 1,) reports a number of interesting cases of this nature in detail. The first two cases were miners with a fracture at the base of the brain, amaurosis of the left eye, temporal hemianopsia, paralysis of the right external rectus, and diabetes insipidus. The third was also in a miner, with a perforating wound of the left temporal bone from a knife-stab, right hemiplegia without hemi-anæsthesia, paralysis of the left abducens and sensorial aphasia. The fourth case was also in a miner, with concussion of the spinal cord and brain. At first the symptoms were slight, but, later, progressive ataxy appeared, with exophthalmus of both eyes, atrophy of the optic nerves, and slow improvement in the general health.—*N. Y. Med. Jour.*, March 31.

DIFFERENTIAL DIAGNOSIS BETWEEN LEPROSY, LUPUS AND CANCER, AS THEY AFFECT THE THROAT.

1. Leprosy is always apparent on the skin, before the throat gives any manifestation of its presence.

Either lupus or cancer may sometimes exist without giving rise to any cutaneous affection.

2. Lepra always announces its onset by a reddish discoloration, which gradually disappears and is succeeded by paleness without tumefaction.

Lupus is developed on the mucous membrane without any morbid alteration in the latter.

Cancer commences by congestion, swelling, and slight pain in the region affected.

3. The tubercles of lepra are white, soft, and of variable size. They form a chain resembling a string of beads. Their sensibility may be normal, diminished, or completely abolished.

The tubercles of lupus are pinkish or red, hard, resisting, and elastic. They are larger than those of lepra, few in number, scattered, and geneally indolent.

The tubercles of cancer are red or grayish. They are either hard or soft, and are troublesome by reason of the pain they occasion.

4. There is well-marked tumefaction of the mucous membrane in lepra; in cancer, a hard cedematous swelling. The tubercles of lupus are seated on a structure which retains its normal condition.

5. The ulcers of lepra are soft, somewhat resembling syphilitic mucous patches; in some cases they are insensible. In lupus the borders of the ulcers are hardened and elevated; their bases constricted, sinuous, and without odor.

The ulcers of cancer are large, with irregular bases, and are covered and surrounded by papillary growths. Usually, they are exceedingly painful.

6. The cicatrices of lepra and those of lupus are very similar in appearance and consistence. They differ in that the cicatrices of lepra are insensible, while those of lupus preserve a degree of sensibility corresponding to that of the surface which they occupy. In cancer there is no cicatrization—either complete, partial, or temporary.—Dr. De la Sota y Lastra (*Rev. de Laryngol., d'Otolog., et de Rhinol.—Can. Pract., March.*)

SENILE GANGRENE OF THE FOOT.

In a case of an old lady suffering intense neuralgic pain in the course of senile gangrene of the foot, involving the heel and plantar surface, where morphia interfered with digestion, and gave only transitory amelioration. Dr. Morton divided the sciatic nerve near the hip with perfect success; the patient was at once relieved from pain, and is able once more to eat and sleep without being tortured with neuralgia. He was led to divide the sciatic nerve because in previous operations where he had divided the sciatic for elephantiasis Arabum he had found anæsthesia in this part of the foot to follow division of this nerve trunk; in several similar cases of neuralgic pain in the foot he had previously divided the nerves in the leg; to do this, however, required several incisions, and he believed that the result was less successful than it would be if the operation were performed upon the main trunk. The result in this case certainly justified this opinion, and it is worthy of remark that the course of the gangrene was not apparently affected, at least not adversely, by the nerve section. This case was reported at the meeting of the Philadelphia Academy of Surgery.—*Boston M. and S. Jour., March 29.*

ECHINOCOCCUS CYSTS.

In the *Gazette Medica Italiana*, Dr. BORGHIERINI reports at length three cases of echinococcus cysts, which he cured by withdrawing from two to eight ctgr. of fluid with a hypodermic syringe. Very slight febrile reaction followed each tapping. In a fourth case the procedure benefited but did not cure, and complete aspiration was necessary. The good results were not apparent till from one to two weeks after the tapping. He thinks the altered tension caused by the withdrawal of a small amount of fluid, and consequent disturbance of osmosis, by which the parasite obtains its nourishment, were the chief factors in the cases.—*Med. Rev., March 3.*

SEBACEOUS CYSTS CONTAINING HAIRS.

V. M. REICHARD, M.D., writes: Sebaceous hair-containing cysts are exceedingly uncommon, except on the faces of those who are regularly shaved. They are more common where the shaving is "close." The opening of one or more sebaceous glands being at the point where the hair emerges from the cuticle, if from any cause acting while the hair is beneath the skin (as "close" shaving) the opening becomes closed, a cyst may be formed. As the hair continues to grow, it strikes against the top wall of the cyst, which it is unable to penetrate, and therefore is reflected, ultimately forming a coil. If the cyst be opened early, before the direction of the hair has become permanently changed, the trouble is over. But if it be delayed until the hair has made one or two spiral turns, the hair, having acquired a vicious habit, does not straighten and will not protrude. In this way it serves as a constant irritant to the derma, the gland is kept more active, and on the other hand so much inflammation is kept up as to close the opening permanently. The contained hair may thus attain considerable length.

If, after expressing the contents of such a sebaceous cyst once or twice, the cyst continue to fill, it is always well to suspect a hair as the cause. In fact, there are many men who can tell by the peculiar feeling of local irritation that there is a retained hair. If a hair be suspected, remove the top of the cyst and explore with a small pair of dressing forceps. The hair can always be discovered if it be present. When found, all that needs to be done is to pull it out by the root.—*Med. Times, April 21.*

 TRI-CHLORATED PHENOL AS A DISINFECTANT IN GANGRENOUS WOUNDS.

DIANIN (*St. Petersburg. Med. Woch.*, No. 38, 1882,) states that the compound which he describes under the above name is made by mixing carbolic acid and chloride of lime. He summarizes its properties and clinical uses as follows:

1. Tri-chlorated phenol is twenty-five times more powerful as a disinfectant than carbolic acid.
2. Even very small quantities prevent fermentation entirely.
3. It is a very powerful antiseptic—more powerful, indeed, than any of those in common use at present, such as the permanganates, solutions of chloride of calcium, carbolic acid, thymol, salicylic acid, and boracic acid.
4. It is not only a powerful disinfectant, but it destroys evil odors as well; the peculiar odor of the compound itself can be masked by mixing it with oil of lavender (five drops to the grain).
5. When applied in substance to a wound or ulcer, it is slightly irritating, but the solution has no irritating properties.
6. It is undoubtedly useful in the treatment of soft chancres, and in diphtheria.
7. The salts of tri-chlorated phenol possess the same disinfectant properties that the phenol itself does, and its soda salt is free from odor.
8. The lime salt of tri-chlorated phenol is cheaper than carbolic acid.—*Virginia Medical Mo.*

 THE TREATMENT OF SCALP WOUNDS.

Dr. W. S. PARKER, of Piqua, Ohio, writes: After cleansing the wound thoroughly, all hemorrhage being suppressed, bathe the parts freely with balsam Peru, a time-honored, but none the less valuable antiseptic. Then, presupposing its existence, comb up along the edges of the wound, and exactly opposite, for the space of say half an inch, the hair, which twist into a thread and tie with a *single* turn, drawing the edges of the wound gently but firmly together. Having previously laid a well-waxed ligature beneath

the hair and parallel with the wound, tie with the thread the single loop of hair, employing a surgeon's knot. Repeat the process, i.e., another single loop and surgeon's knot, and you have a fixed dressing. The coaptation of the flaps is necessarily perfect. I have not hesitated to use sutures when necessary, owing to the absence of hair or its being too short, or from loss of tissue, and in my entire experience have had but one case of erysipelas following their use, which seems to bear out Professor Gross' teaching of the harmlessness of sutures in the scalp.—*Med. Record*, March 17.

VICIOUS CICATRIX.—OPERATION.

A successful operation was recently performed by Dr. MEARS, of Philadelphia, in a case of vicious cicatrix which caused ectropion and immobility of the jaw, owing to a fibro-cartilaginous band, partly ossified, extending from the upper jaw to the horizontal ramus of the lower lid. The teeth had been prevented from properly developing. The whole was the result of a gunshot wound at the age of two years. After relieving the ectropion by a plastic operation, he extended his incision from the center of the cheek outward and backward so as to expose the temporo-maxillary joint. Cutting through the ascending ramus of the jaw, he disarticulated and removed the upper fragment, the separation being just below the coronoid process. The cicatricial band was also cut through, and a number of defective and imperfect teeth removed. The girl, now twenty years of age, will have fair use of the false joint thus formed, while artificial teeth will supply the place of the tacking ones.—*Med. Rev.*, April 7.

SUTURING OF THE DIVIDED ENDS OF EXTENSOR TENDONS IN THE FOREARM.

Dr. F. LANGE presented a lady patient (N. Y. Surg. Soc.) who, about two months ago, fell from a considerable height, and struck against a china umbrella-stand and cut the tendons of the extensor muscles of the left forearm. He saw the patient two weeks afterward, when the wound was almost healed and there was extensor paralysis involving the third and fourth fingers, only the last two joints moving through action of the interossei. About four weeks ago he made a longitudinal incision, and found that three of the extensor tendons had been divided; namely, those belonging to the third and fourth fingers and to the index finger. The extensor indicis was not injured, because the action of the index existed. The divided tendons of the extensors were separated to a distance of almost one inch and a half. They were brought together and sutured with antiseptic silk. The hand was then put in a position of hyper-extension, and an antiseptic dressing applied. The sutures were removed at the end of one week. The result was that the movements of the fingers could already be quite satisfactorily performed, and it was probable that improvement would still continue to increase.—*Med. News*, April 7.

FUNNEL-DRAINAGE

Funnel-drainage in anasarca is a method of removing large quantities of fluid devised (*Glasgow Medical Journal*) by Dr. Straub, Tübingen. It is simpler and affords more relief in equal time than Southey's. The apparatus consists of an ordinary glass funnel, of two inches diameter, attached to the end of which is an India-rubber tube one-eighth inch in diameter, and long enough to reach to the floor. If the apparatus is filled with water, and the mouth of the funnel firmly applied to the skin of a patient lying in bed, while the end of the tube is immersed in a vessel on the floor containing a little water, it will be found to adhere quickly and act as a sucker; and when

the funnel is applied over several small incisions or punctures in a case of oedema, the tube acting as a siphon will keep up a continuous drainage of serum into the vessel. The force of the suction can, of course, be regulated by altering the level of the vessel, and the flow of fluid can be watched by a piece of glass tubing let into the India-rubber tube. The apparatus, if protected by a small cage or cradle, can be left on for any length of time, and it is not displaced by movements of the patient if ordinary care is taken. Enormous quantities of serum have been drained off in this way. In one case of chronic Bright's disease there were drawn off in two and a quarter hours, over seventy-eight ounces; in seven hours, over ninety-six ounces; and in twenty four hours, two hundred and seventy-eight ounces; and in another case of extreme general dropsy from Bright's disease, nearly forty-three pints were removed in seventy-nine hours.—*Gaillard's Med. Jour.*, April 21.

INVERSION IN CHLOROFORM SYNCOPE.

EBEN WATSON, M.D., senior surgeon to Glasgow Royal Infirmary (*Lancet*, March 10th,) asserts that the practice of inverting the body in chloroform syncope is "contrary to sound views of the physiology and pathology of the case," and ought to be abolished. The chief source of danger in these cases is syncope or sudden failure of the heart, taking place either before suspension of respiration or simultaneously with it. In deep anæsthesia from chloroform there are always co-existent (1) a feebly acting heart, (2) an engorged state of the right side of the heart, and (3) a congested state of the lungs. In syncope all these conditions are exaggerated in an extreme degree. In inversion, which owes its general adoption to the great reputation of Nélaton, but is warranted by neither the accuracy nor conclusiveness of his experiment, the only blood which is "sent to the upper part of the body" is that in the veins of the lower part, and it must needs pass first through the right side of the heart and lungs before this can occur. But there is already too much blood in these parts, and to send more blood there is surely to aggravate the mischief. And if the venous blood in the neck and arms does get to the brain (in spite of the valves in the veins) it could only deepen the coma and increase the evil from the side of the nerve-centres. Dr. W. maintains that the best position here as in all syncope is the prone one, which best enables a feeble heart to send arterial blood to its own substance and to the brain, and that artificial respiration reinforces the heart by diminishing the blood which stagnates in the right heart and lungs. Dr. W. acknowledges to have seen inversion practiced successfully in several cases where temporary cessation of the pulse and respiration had taken place, but believes the recovery here was in spite of, rather than because of the inversion, for in as many similar cases where inversion was omitted the same result ensued. In an experience of more than 20 years he has never witnessed a death from the agent.—*Med. Jour.*, April 1.

EFFICACY OF BROMIDE OF ETHYL IN SHORT OPERATIONS.

Dr. CHISOLM thus describes the efficacy of the bromide of ethyl in operations on the eye:

"A little girl eight years of age, who had strabismus, was put on the operating table, and told that the folded towel containing a teaspoonful of bromide of ethyl would feel choky when placed over her nose, but that she should breathe it freely nevertheless. In perfect confidence she commenced to breathe freely from the towel placed over her face, and in twenty-two seconds by the watch she was fast asleep. The operation of dividing the faulty muscle did not occupy much more than one-half of a minute. After two minutes of sleep she awoke and expressed herself as not knowing what had been done. Within three minutes from the commencement of the inhalation, the child was perfectly awake and was ready to get from the table. When

on the floor she walked at once to the chair, and within four minutes from the time that the anæsthesia was commenced, she was engaged in pinning roses into the front of her dress, with a composure which showed not only no present discomfort, but also a complete oblivion of the experience through which she had just passed. In less than sixty seconds by the watch, an ugly deformity had been painlessly, perfectly, and permanently eradicated."—*Med. Record*, April 28.

ANÆSTHETIC MIXTURES FOR SMALL OPERATIONS.

It is often desirable to apply locally some anæsthetic material to deaden the sensibility sufficiently for small operations. There are various expedients proposed for this purpose. We do not now refer to the use of ether spray, but to various liquids which may be applied directly, and the sense of pain so far obtunded as to permit incisions without experiencing any other sensation than the mere touch. The mixture of chloral and camphor is often useful. When equal parts of chloral and camphor are triturated together, a clear, somewhat viscid, transparent solution results. This solution has considerable solvent power, and will take up a comparatively large proportion of morphia. Chloroform may also be added to it without precipitation of any portion of the dissolved constituents. Thus: R. Chloral, camphor, \mathfrak{ss} 3 ij; morphiæ sulph., 3 ss; chloroformi, 3 j. M. This may be applied with a camel's hair brush over the area to be incised, allowed to dry, and reapplied as freely as may be necessary to render the part insensible to pain.

Amongst the anæsthetic mixtures for surgical purposes proposed by Prof. Redier, are solutions of camphor in ether and in chloroform. According to Redier, one drachm of camphor may be dissolved in two drachms of ether, or the same quantity of camphor in two drachms of chloroform. A useful anæsthetic mixture is prepared by the addition of crystallized acetic acid to chloroform, in the proportion of one part of the acid to twenty parts of chloroform. These anæsthetic solutions are applied by the brush freely over the part the seat of pain, or to be incised. In some instances it may be better to moisten a cloth or some cotton and allow it to remain for some time in contact with the part.—*Med. News*.

GLISSEMENT IN SURGICAL WOUNDS.

The following is from a paper read by Prof. C. Johnston, M.D., before the Baltimore Medical Association. A Methodist preacher, at times a circuit rider, had long suffered, say three years, from a melanotic tumor upon the front of his left thigh. It was single, was four inches in length by two and a half in width, with a projection of three quarters of an inch.

It had begun to ulcerate; exhaled an odor, and yielded a small amount of discharge.

On the 7th of May, and assisted by Dr. St. George Teackle, I removed the mass with the scalpel, including the tumor between two elliptical incisions.

To obviate a wide scar on the arch of the thigh, I made two other longitudinal incisions, one on either side of the wound, of the same length, and situated at about two and a half inches from its corresponding margin.

I next detached the strips from their deep connexion (leaving the ends adherent, of course), and, drawing their inner margins together by sliding or glissement. I joined these with many silver sutures.

Adhesion by first intention occurred along the entire line of sutures, and the two gaps margining the sides healed without mishap, and left only moderately narrow scars.

My objects were attained: the substitution of two lateral cicatrices for one median one, and the consequent reduction of chances of a return of the disease by friction or pressure.

As for dressing, let me say that the application employed consisted of boiled linseed oil, 11 parts, and carbolic acid 1 part, or one-twelfth; although to-day I would prefer vaseline or petrolina oil to the linseed oil.

And so it turned out that my good patient made a perfect recovery, and soon returned to his duties as pious itinerant in the saddle.—*Md. Med. Jour.*, April 15.

QUESTION AS TO AMPUTATION.

Mr. WM. S. SAVORY, F.R.S., in a short paper (*Lancet*) remarks that perhaps in no case is the judgment of the surgeon more severely taxed than when he is called on to decide the question of amputation in an injury to a limb. Mr. Savory says, in endeavoring to form a judgment in such cases one has to consider, first of all, whether the injury is greater than the operation for its removal. If the injury be greater, then of course amputation should not be thought of. Secondly, if operation be decided on, is the chance of recovery from the operation so much greater as to cover the risk from the second shock which the operation would necessarily cause? It was formerly held that less risk to life is incurred by operating immediately after the injury than at a remote period; but Mr. Savory thinks that opinion on this question has gradually changed, owing to the different experience civil surgeons have had from military, who always advocated primary amputations. In attempting to save a limb, we should consider "whether it is worth while, for the prospect of such future use in the limb that might remain to him, for a man to run, in order to preserve it, any additional risk of his life, and if so, to what extent?" With regard to secondary amputations he says, "Secondary amputations are more favorable than primary ones when there is a choice of time—that is, when we can afford to wait till the temperature and other signs of general disturbance have subsided; but secondary amputations are less favorable than primary if the operation is forced upon us at a period in the case when a high degree of fever still prevails. Herein, too, lies the difference in the prospect between secondary amputation after injury and amputation in disease, for in the latter case there is almost always a choice of time.—*Can. Med. and Surg. Jour.*, Mar.

THE "COAT SLEEVE" METHOD OF AMPUTATION.

We add the following details of this operation as advocated by R. DAVY, M.B., F.R.C.S., Westminster Hospital, England: In practice there are accidents and diseases which yet call for the necessity of amputations, and I wish to-day to bring before your notice a method of performing these operations which I have already carried out on three occasions:—viz., one amputation of the thigh and two of the leg. For brevity's sake, I will style this method *the coat-sleeve*; and this name has been chosen because my left coat-sleeve has illustrated this procedure to my class, and gives a good idea of the operation. Cheselden (1720), of the Westminster Hospital, originally advocated the circular plan of amputation, which, according to Syme, was modified by Mr. Mynors, of Birmingham; and this circular method has held its ground as a standard procedure; but I think good reason may be given for advocating still further modifications in this amputation.

Let me first describe the details of the *coat-sleeve* operation, and next point out the advantages that, in my opinion, result from it.

Carry in your minds the essentials of a circular amputation (a very good account of this circular method is given in William Hey's *Surgery*, 1814, page 526); and you will see that the coat-sleeve method is but a modification of a very old operation. Let me insist on the formation of a long integumentary sleeve, from three or four to six inches; and that your dissection should be directed so as to separate the superficial from the deep fascia; and very much of this dissection is accomplished by firm traction of the skin toward the trunk of the patient, assisted by slight drawings of the knife on attachments. I

have frequently, on the dead body, invaginated skin on skin, as the cut end of the finger of a glove may be turned over the kid on the finger; and on the living patient this is necessary, so as to gain sufficient length of skin-cylinder from its end to the point at which the division of the bone takes place. I would impress on you not only the importance of making a far greater allowance for retraction of skin in planning an amputation, but also the comparative uselessness of any other structure than skin for making an efficient and lasting pad for the end of the bone. It is the skin, fat, and hypertrophied sub-structure that give a good cushion; and with stumps, as well as ordinary seats, when once the leather has given way, the so-called stuffing soon wears, and bare boards and bare bone shortly show themselves. The tuber ischii, knee, elbow, and heel, are good illustrations of these points.

Having dissected your skin sleeve accurately, and divided all the structures down to the periosteum, carefully peel this membrane upward to the point at which the saw is to be applied, and shelter the soft structures from the stroke of the saw by means of a slit bandage, retracted by an assistant; and, within reasonable limits, the smaller the saw is, the easier is the division of the bone effected. Next, trim your stump (*i. e.*, cut off with scissors any projecting tendon or nerve), and tie or twist the bleeding vessels. Then tie up the skin-sleeve with a piece of tape passed through a cylinder, allowing the ligatures (if any) to hang through the crucial slit at the face of the stump. Treat your wound either with or without dressings—I much prefer none; and carefully watch that no undue strangulation of the “off-end” of the skin-sleeve occurs. Should the stump become œdematous, or any necessity for drainage arise, insert a drainage-tube to the centre of the stump, of sufficient firmness to prevent a too ready collapse of its walls (*e. g.*, a piece of gum-elastic catheter) and allow the excretion to flow into a pledget of marine tow or some absorbent material. As yet I have not had occasion to resort to any artificial drainage. The wound cicatrizes up to one-half or one-fourth of an inch; and a central button of depressed scar-tissue results, surrounded by soft fatty skin-cushions, plated in a radiating manner from the centre to the circumference of the face of the stump. This method of amputation is applicable to any part of the extremities, in those cases where the surgeon has the opportunity of selecting the precise point of removal, and where the adjoining skin is sound. In my own experience, the middle of the leg, where the muscles of the calf swell, is about as difficult a situation as any for carrying out the dissection of a long sleeve.—*Canada Lancet. March.*

AMPUTATION AT HIP-JOINT.—TRENDLENBURG'S APPLIANCE.

Dr. VARICK, of Jersey City Hospital, describes in the *Am. Med. Jour.*, an amputation at the hip-joint, which was successful mainly through the saving of blood by using Prof. Trendelenburg's method of preventing hemorrhage. This method requires a flat steel rod a foot long and a quarter of an inch wide, with a movable lance-shaped point, the rod to be bi-convex on section, one-fourth of an inch thick in the middle, with blunt but smooth edges. This rod is thrust obliquely through the soft parts in front of the joint, in the same way as the two-edged knife in the well-known method of Lisfranc, but nearly an inch higher. The rod enters one and one-half inches below the anterior superior spinous process of the ilium, passes between the femoral artery and the bone, and emerges at the fold of the scrotum. The point being removed, an elastic band is firmly wound figure 8 fashion around the projecting ends of the rod, compressing effectually the great vessels. Lisfranc's knife is then introduced a little below the rod, and by cutting from within outward, in the usual way, the anterior flap is formed. The vessels being tied, the band and rod are removed, and the joint disarticulated and the posterior flap formed. The patient made a good recovery.—*Med. Record, March 17.*

SUPERIOSTEAL AMPUTATION AT THE HIP-JOINT.

Mr. SHUTER read a paper on the subject (Clinical Society of London), illustrated by cases. On October 16, he held a consultation with Dr. Samuel

West and Mr. Rose, on a patient aged 18, in whom he diagnosed acute necrosis without suppuration in the lower end of the left femur. This had led to septicæmia and secondary inflammation of the left hip-joint. Although my diagnosis was not supported, we were agreed that nothing but amputation at the hip-joint would save the boy's life. The next day the following operation was performed. A circular amputation through the junction of the middle and upper thirds was done, followed by a longitudinal incision on the outer side of the femur down to the bone, the periosteum stripped off and left in the flaps and the whole of the bone enucleated. The patient made a good and rapid recovery. A little more than two months after the operation he had a movable stump, and within six months of the operation he was wearing an artificial limb, on which he could get about very satisfactorily, and continued to do so until a few weeks ago, when I made him discontinue the use of it, in order to get a sinus to heal.

In 1859, Prof. Ollier, of Lyons, after performing many experiments on the lower animals, devised subperiosteal operations on the human subject with the view of getting bony supports to flaps cut for disarticulations. Among his suggestions was an operation similar to the one I performed on the hip-joint.

His case, however, was the first successful subperiosteal amputation at the hip-joint, which had been attended with the formation of bone in the stump, and in which the patient had been able to wear an artificial limb satisfactorily. —*Med. News*, March 3.

DRAINAGE OF THE ENTIRE MEDULLARY CAVITY.

BLECKWENN reports a case of chronic, diffuse osteomyelitis of the humerus in which resection of the head of the bone was performed, and drainage of its shaft accomplished by trephining the lower diaphysis and removal of the medulla. Recovery, with a useful arm resulted. —*Centralb. f. d. Med. Wissen*. —*Med. News*, March 31.

SAVORY ON SYMES' AMPUTATION.

In the *Lancet* of Feb. 3d, 1882, Mr. Savory, when speaking of Symes' Amputation, says the tendency of surgeons of the present day is to make the incision in the sole of the foot obliquely backward at the expense of the flap, and thus lose a considerable portion of the thick integument of this region, which makes such a capital pad. This change is due to the fact that the further back the surgeon goes in his incision, the less difficulty he will have in dissecting off the integument from the heel. But this difficulty may be overcome, after making the incisions, by opening the joint and working from above down. This dissection is thus rendered comparatively easy, and there is no danger of scoring the flap. I have seen this method of dissecting off the heel-flap performed many times in Germany, and have taught it in my operative surgery class for the last six years. In addition to the method of dissecting the flap, the incision for the heel flap in Vienna is always commenced by making a transverse incision on the plantar surface of the heel, as far forward as the line of the tip of the external malleolus, and then extending the incision to the required point on each side. In this way there is no temptation to sacrifice the heel flap. —*Can. Med. and Surg. Jour.*, Mar.

PAINFUL FIBROMATA OF THE KNEE.

Dr. NICAISE (*Progrès Médical*), has recently encountered the following case of this rare condition. A woman of thirty-seven entered his service, who twenty years before had been struck on the inner part of the left knee, and had suffered atrocious pain ever since from which she wished to be relieved at all hazards. On examination of the knee slight tumefaction was found over the internal condyle, and marked atrophy of the whole limb. The

diagnosis was therefore made of a chronic inflammation of the condyle. An operation was resolved upon because of the pain and the effect of this upon the general health. Upon an incision being made there was found a nest of fibromata varying in size from a walnut to a millet-seed. These small tumors, simulating in aspect neuromata, were adherent to the periosteum. Some fitted into depressions in the bone which, however, was healthy. An extensive opening of the articulation was necessary to remove those adherent to the synovial membrane. The operation was performed under Listerism and by aid of Esmarch's bandage, and was attended by excellent results. The deep sutures were made with catgut. Two drainage tubes were used; one ultra-articular. There being no rise in temperature these latter were soon unnecessary. The seventeenth day after the operation the patient was able to walk without difficulty. Four months after the patient was improving in general health, and the movements of the articulation were free. Histological examination of these tumors showed them to be fibromata. Dr. Nicaise called special attention to the difficulty of diagnosis and the rapidity of recovery. To antisepticism the good results of modern arthrotomies were due. These tumors seemed analogous in nature to the so-called painful sub-cutaneous tubercles. Richelot has removed a lipoma which also caused marked pain, and Monod has assisted Dr. Verneuil in removing a lipoma which had also caused pain. Dr. Cluny's article on knee arthrophytes (*American Medical Weekly*), throws some light on the origin of these tumors which belong in the same category with those which Broca classed as irritable tumors.—*Gaillard's Med. Jour.*

RHEUMATIC OSTEITIS.

M. LADIAT insists that there are different lesions from the same constitutional cause. Thus, rheumatism affects the bones, the ligaments and the synovial cavities. Osseous rheumatism, or rheumatic osteitis, is anatomically characterized by a considerable swelling of the bones forming exostoses and stalactites. The periosteum is also thickened in certain cases. The osseous tissue is friable, and it has all the histological phenomena of a new generation of bone; osteoplastic layers arranged regularly on the surface of the meshes of the calcareous material passing to the state of characteristic osseous elements. The vessels are augmented and dilated, the spongy tissue predominates. In this disease opposite bones forming an articulation will be attacked. The head of the tibia, for instance, will have an enlargement thus protruding from the condyle of the femur. The soft parts are as to healthy movements limited and accompanied by crackings due to formation of stalactites. Certain diseases which have been hitherto classified as arthritides will have to be classified anew. This rheumatism is developed in healthy muscular persons who have never suffered from any other rheumatic disease, and cardiac troubles have been observed in this form of rheumatism.—*Revue Médicale*.—*Chicago Med. Jour. and Exam.*

ANTISEPTIC ARTHROTOMY.

BOECKEL speaks in enthusiastic terms of the results of incision of the joints under antiseptic precautions. In chronic hyarthroses his treatment is to puncture and wash out with a mild aseptic solution. In case a cure is not gained in this way he advises incision and drainage. A number of cases lead him to the belief that in a fungous process of the joint the granulations disappear after incision and curetting, and in some cases even a movable joint may be gained. Healthy joints are to be opened to remove loose bodies, or in cases of old dislocations. In ganglions or synovial articular cysts he incises, ties the pedicles, and removes the sac. No evil results follow opening the tendinous sheath. Where the joint has already been opened before treatment energetic disinfection with chloride of zinc or carbolic acid is to be carried out, followed by a frequent dressing with the usual antiseptic pre-

cautions. Success in all these cases is only to be won by careful antiseptic dressing.—*Boston Jour. Med. and Surg.*, April 26.

THE TREATMENT OF HYDRARTHROSIS.

In a Paris thesis, Dr. Delbreil recommends rest in bed, blisters, and compression in the treatment of hydrarthrosis. Aspiration should be performed in obstinate cases; and if the effusion still persists, threatening the integrity of the joint-structures, iodine injections are suggested. In addition, anti-rheumatic treatment will sometimes be needed; and, in all, hygienic means play a prominent part.—*Bulletin Général de Thérap.*—*Med. Times*.

ERGOT IN ACUTE SUPPURATIVE ARTHRITIS.

At a recent session of the French Association for the Advancement of Science, Dr. De Musgrave-Clay reported a case of suppurative inflammation of the elbow-joint treated with large doses of the fluid extract of ergot, the arm being kept upon a splint. The patient was only 6 years of age. Rapid diminution of heat, pain, and suppuration ensued, and a recovery with a useful joint rapidity occurred.—*Med. Times*, Mar. 10.

IGNIPUNCTURE IN JOINT AFFECTIONS.

This method of cauterization is recommended by KOLOMNIN, of St. Petersburg, who claims that the procedure is indicated in all cases of granular inflammation of the knee, ankle, elbow, shoulder, and wrist joints during the period of bony growth in which there is enlargement and tenderness of the epiphyses, and also in coxitis femoralis (that is, where the disease originates at the femoral epiphysis). Ignipuncture is the best method in osteitis of the foot and wrist in children, and in tuberculous osteitis, and in tuberculosis of the medullary cavity of the diaphysis. The best results are to be obtained in cases where there is pain in movement and tenderness of the articular ends of the bones; in cases of chronic synovitis with absence of pain and tenderness the results of this treatment are not so favorable.

An anæsthetic should always be used. Paquelin's thermo-cautery is the most convenient instrument, and the strictest possible antiseptic precautions are essential to success as well as to the safety of the patients. The operation may be performed either as (1) superficial punctures, burning more or less deeply the infiltrated soft tissues around the joint; (2) cauterization to the bone and the superficial surface of the latter; (3) cauterization of the integument, infiltrated tissues, cortical substance of the bone, and a part of the spongy tissue; (4) cauterization of the marrow and epiphysis after trephining the compact tissue of the epiphysis. In the first two varieties the author makes as many as from five to twenty punctures, and in the third from one to three, and in the case of the knee as many as ten. The joint and the whole extremity operated on should be covered with a thin layer of carbolyzed or salicylic wadding, and fixed by means of a plaster-of-Paris bandage.

In the majority of cases the dressings were changed three times, and by the end of a month the punctures were usually found healed. The results of the procedure to be expected are (1) a diminution of the infiltration; (2) some diminution in the size of the bones affected by osteitis; (3) a cessation of the pain caused by pressure on the periosteum; (4) disappearance of pain in all active and passive movements. The success following ignipuncture has lead the writer to consider it of greater use in many cases than the actual cautery, extension, or immobilization.—*Boston Med. and Surg. Jour.*, April 26.

TUBERCULOSIS.

A striking parallel between tuberculosis of bone and that of the lungs is drawn by Mr. Savory in a recent issue of the *Lancet* (Nov. 4, 1882).

The cancellous structure of bone resembles the parenchyma of the lung; they are both sponge-like and both liable to be filled up with caseous infiltrate. In both this mass is surrounded by a zone of vascularity. The cavities formed in tuberculous bone much resemble those formed in the lung—the so-called “vomicæ.” The lung has much the same relation to the pleura that bone has to various joint structures. Just as pleurisy may be set up by the presence of tubercle in lung tissue, *sosynovitis* may be set up by contiguity of tuberculous bone. Moreover, a fungous joint inflammation may be regarded as an empyema of that joint. In either case urgent symptoms follow comparatively latent mischief.

In both lung and bone there may be a single focus which quickly degenerates, or there may be several foci. Whatever view then be taken of the subject, the similarity is striking and opens up a large field both for reflection and research—*Med. Rev., Mar. 10.*

TUBERCULAR OSTEITIS, OR CARIES OF BONE.

At the Paris Societe de Chirurgie, POULIER read a note on Tubercular Osteitis or Caries of Bone (*Progres Méd.*), in which he formulates the following conclusions: These affections separated by Nelaton are really the same. The tubercle characteristics are always to be found in carious bone. These osseous tubercles present in three forms, according to their development. 1. Primary and chronic tubercle leading to necrosis of a limited portion of osseous tissue, and to the formation of a cavity containing a sequestrum, 2. Tubercle which is late in development but rapid in its course; it is developed in organisms already debilitated, and in bones which has undergone fatty degeneration; the classical caries fungosa belongs to this class. 3. Acute tubercular osteitis, analogous to acute caseous pneumonia.

Primary chronic tubercle is curable by partial operation, such as curetting or extraction of sequestra. When persons already debilitated suffer from the second form, more radical treatment is required; exsection or amputation is then called for.—*Med. Rev., Mar. 24.*

NEW OPERATION FOR SPINA BIFIDA.

At the meeting of the Leeds and West-Riding Medico-Chirurgical Society held December 1st, Mr. A. W. Mayo-Robson showed a child, six weeks old, upon whom, when six days old, he had performed a new operation for spina bifida. The redundant parts removed by the operation were also shown. After the removal of these parts, and after stitching up the arachnoid over the spinal canal, periosteum from a rabbit was inserted between the meninges and the skin so as to cover the gap in the bones. The wound had perfectly healed; the skin over the lumbar region was quite level; there seemed to be no tenderness on pressure; the child looked strong and healthy. The sac, examined by Mr. F. H. Mayo, was found to be of the size and shape of half a swan's egg; the wall consisting of true skin and subcutaneous tissue lined by serous membrane. At one point the sac was very thin and transparent, appearing to consist only of the serous membrane covered by a thin layer of epidermis, when fresh minute blood vessels could be seen to ramify over it. Mr. Robson drew attention to the following points: 1, the operation was performed with full antiseptic precautions, eucalyptous air being used instead of carbolic spray; 2, the meninges were closed by uniting the serous surfaces, as in peritoneal surgery; 3, the transplantation of living periosteum and its continued vitality; it had not yet, however, formed new bone; but already the covering of the canal had a greater than mere skin-firmness; 4, the entire absence of bad symptoms in the child, operated upon at so early an age, were noticed.—*British Med. Jour.—Med. News.*

PHOSPHORUS IN THE TREATMENT OF OSTEOMALACIA.

Dr. W. BUSCH reports two cases of osteomalacia treated by phosphorus. The first patient was a fairly healthy-looking woman, thirty years of age, in

whom the disease appeared a few weeks after childbirth. The objective signs were confined to the bones of the pelvis. This presented the appearance of having been pressed together from the sides. The symphysis projected forward like a beak, while the horizontal rami of the pubes were shapely bent. Walking was impossible, the patient being able only with the greatest difficulty to move from the bed to a chair. Absolute rest in the horizontal position was ordered to be maintained for three months, and Wegner's phosphorus pills were prescribed. After five months' treatment the patient was able to go up and down stairs without difficulty. At this time she changed her residence and passed from under observation. The second case was that of a woman, fifty years of age, who complained of intense pain in the right arm near the insertion of the deltoid muscle. A diagnosis of osteitis was made and the ordinary measures were prescribed. No improvement was noticed, and after several weeks the patient abandoned the treatment. In about nine months she again came under observation. She was then reduced almost to a skeleton, was absolutely unable to walk, and was greatly deformed. The dorsal spine was kyphosed, while the cervical spine was so strongly lordosed that the head seemed to rest between the shoulders. The thorax was distorted, the femora were bowed, and the pelvis presented the characteristic deformity of osteomalacia. The patient was confined to the bed for seven months, and took Wegner's pills for a year and a half. At the end of this time the bones were firm, and she could go about without complaint. The deformity was not decreased. The following is the formula for Wegner's pills: *R. Phosphori, 0.025; syr. simpl., 7.5; M. bene et adde pulv. glycyrrh. rad., 10.0; pulv. gummi arab., 5.0; gummi tragacanth, 2.5; ft. pil. No. 250.* Each pill contains about $\frac{1}{16}$ grain of phosphorus. The dose is one pill twice a day, to be gradually increased. Busch does not consider the drug to be of any value in rickets or caries—*Centralblatt für Klin. Med.—Med. Record, April 14.*

MILIARY TUBERCLE.

At a recent meeting of the Philadelphia Pathological Society, Dr. NANCY CREDE exhibited a tumor composed of miliary tubercles of the subcutaneous adipose tissue, and connected with an anterior cutaneous branch of a lumbar nerve. The patient was a girl of eighteen, with tuberculosis of the lungs, who had suffered from severe abdominal pains. Latterly the thigh was flexed upon the abdomen. Finally a small, exquisitely sensitive tumor was detected on the outer side of the rectus abdominis. This was removed, under ether, and proved to have been encapsulated in only one spot, but densely infiltrated, and to have developed around a cutaneous nerve and artery. Microscopically it proved to be miliary tubercle. All discomfort had ceased since its removal. Dr. G. Davis had seen a very similar case in the Göttingen clinic, a tubercular nodule on the capsule of the knee-joint. It was removed along with part of the capsule, and the patient recovered with a movable joint.—*Med. Rev., April 7.*

HEMATIC TUMOR.

Dr. H. E. SARGENT reports the following case in *The Lancet*: Mrs. B—, aged forty-five, weighing 220 pounds, on May 7th, 1882, fell on a zinc pail, its edge striking the abdomen two inches to the right of, and on a level with the umbilicus. A day or two after the fall a tumor, semi-elastic, with distinct outline, could be traced at the seat of injury. It was only slightly tender, and appeared to have deep-seated attachment. About July 20th the skin over the tumor began to discolor. Poultices were applied, and at the end of another week it commenced to slough. Gradually a black mass was disclosed, revealing the true nature of the tumor, which was evidently a blood-clot. This gradually became enucleated, and in due time was turned

out, leaving a chasm in the abdominal wall, four inches wide by three deep. Cotton-wool steeped in carbolized oil was used to plug the cavity from the bottom, which rapidly closed. On July 10th, Dr. Fenwick saw the case with me in consultation. After an exhaustive examination, he accurately diagnosed the nature of the tumor as verified by its subsequent history. The case is interesting from its rarity, and the complete recovery under a strictly expectant plan of treatment, aiding the *vis medicatrix naturæ*. The fall must have caused muscular rupture at the seat of injury, with subsequent hæmorrhage into the cavity thus formed.—*Med. and Surg. Rep.*, March 31.

FRACTURES IN THE AGED.

A case illustrating the necessity of examining old people who complain of inability to move their limbs, or of rheumatism has recently been reported from Troy, New York. A man aged 65, complained of what he thought was rheumatism after using a sledge-hammer and was removed in consequence of inability to work to the County House. Drs. McLean and Herrick were called to see him, and an examination disclosed the fact that both humeri were broken near the shoulder. The case indicates how a very serious error in a diagnosis might be made leading to serious consequences.—*Garland's Med. Jour.*, April 14.

AN APPLIANCE FOR BROKEN NOSE.

J. D. KELLY, A.M., M.D., Sherburne, N. Y., writes: A few days ago a patient came to my office with an injured nose, which, upon examination, I found considerably deformed by being forced to one side, out of the median line fully a half inch, the nasal bones being broken. A week had elapsed since receipt of the injury, and, although no trouble was experienced in restoring the parts to their normal relations, they evinced an immediate and constant tendency to assume the position of deformity. I therefore took my patient to a tinsmith, whom I had construct and fit upon the patient there, under my direction, the following simple apparatus for maintaining pressure and holding in position broken and distorted noses:

It is made of tin, and consists of a band two inches in width, fitting the head snugly like a hat band. The anterior half may be covered with roller bandage to prevent tiresome pressure upon the forehead. A smaller band, one inch in width, crosses the vertex from ear to ear and is fastened (soldered) at the sides, to prevent the larger band from slipping down. On that side of the large band, as it rests upon the head, and corresponding with the side upon which the pressure is required, a piece of spring wire, about six inches in length, and varying in size with the amount of force required is fastened at one end, the spring thence extending forward and downward sufficiently to bring its other end quite upon the place at the side of the nose where the force is to be applied. A cork, covered with chamois leather, is then stuck upon this end of the spring, the large end of the cork below at the ala nasi, the small end below the inner angle of the eye. The spring is finally adapted to the case by being overbent in the direction in which the force is to be applied, so that when in position it will be sufficient both in degree and direction.—*Therap. Gaz.*, March.

FRACTURE, DISLOCATION, AND EXSECTION.

Mr. R. I. GOODLEE, Lond. Surg. Society, reported a case of fracture of the radius and dislocation forward of the ulna at the wrist, in which the lower end of the latter bone was removed to effect reduction.

The patient was jumping a high jump at a gymnasium, when his feet slipped forward on a badly secured mat, and the whole weight of his body fell suddenly on his hands, which were placed behind him. The left radius

was fractured at the junction of the middle and lower thirds, the *upper end* of the fracture being compound; the lower end of the ulna was displaced forward and projected in front of the carpus beneath the skin. All attempts at reduction with or without an anæsthetic proved unsuccessful. An incision was made over the lower end of the ulna, and a hook was placed under the tendon of the carpi ulnaris, which had slipped behind the bone; but the bones could not be replaced until first the styloid process and then the lower end of the ulna had been sawed off. The wound was treated antiseptically, and healed without any inflammatory disturbance. In ten days it was placed in a plaster-of-Paris apparatus, and in about six weeks passive movement was commenced. The limb is now about as useful as the other, and can be employed for gymnastic exercises as well as for the ordinary uses of daily life; but pronation is not quite as free as before. The patient was shown.

Mr. Clement Lucas stated that he had excised the lower end of the ulna, and the case recovered without any adduction; this he believed to be due to the greater power of the abductor muscles.

Mr. C. Heath said that he had had a similar experience, and thought the operation of excision of the lower end of the ulna a very good one.

Mr. R. I. Godlee replied that there was no adduction of the hand in cases of congenital absence of the ulna, and this he explained by the fact that the carpus articulated with the radius, not the ulna.—*Med. News, March, 18.*

ABSCESSSES.—VOLKMANN'S SPOON.

An excellent article, reprinted from the *Glasgow Medical Journal*, and written by Dr. JAMES WHITSON, is on some of the advances which have been made in surgery during the last decade. We allow ourselves one extract:

A totally different method of dealing with abscesses is now carried out as compared with the practice of even recent years. Formerly, after incising the cavity and pressing out the contents, the case, with the exception of frequent syringing, was almost entirely left to nature, while recovery in most instances was tedious. At the present time, and with antiseptic precautions, a much more vigorous line of treatment is adopted, and we have no hesitation in removing the pyogenic membrane *en masse*, interference with which older surgeons looked on with disfavor. In order to accomplish this, we make use of Volkmann's spoon, and if the whole of the inflammatory products contained in the cavity are scraped out, two healthy surfaces are left opposed to each other, and which speedily becoming covered with granulations soon coalesce. During the process of healing the less the parts are disturbed the better, and syringing the cavities irritates the tissues composing its walls, and leads to increased discharge—while the progress of cicatrization is interfered with, and as a natural consequence recovery, instead of being accelerated, is considerably retarded.—*Med. and Surg. Rep., April 21.*

ABSCESS OF THE FRONTAL SINUS.—RECOVERY.

This case occurred in the service of M. MARC SÉE, at the Municipal Health Hospital, Paris. The patient, æt. 64, had a small tumor, situated at the internal part of the superciliary arch, on the left side. For fifteen years she has been subject to colds in the head, and lately the nasal discharge has had a fetid odor. There is no evidence of scrofula. In September, 1882, vision on the left side became obscure. She suffered, after that, with frontal and temporal headache, and, at the same time, noticed a small tumor, which disappeared on pressure. M. Sée diagnosticated abscess of the frontal sinus, and operated on November 17. He made a small incision parallel to the arch of the brow, and a little above it. The pus having escaped, he scraped the sides of the cavity, and put in two small balls of charpie soaked with chloride of zinc solution, and dressed the wound antiseptically. The charpie balls were retained two days, and then carbolic acid solution injections were

made, morning and evening, for several days. When last seen, January 15, 1883, the woman was entirely well. Abscess of the frontal sinuses is a rare affection, more especially if non-traumatic, or without syphilitic antecedents. *L'Union Méd.*, March 13, 1883.—*Med. News*, April 14.

TREPHINING FOR INTRA-CRANIAL ABSCESS.

Dr. KILGARRIFF exhibited a patient before the Surgical Section of the Academy of Medicine, in Ireland, on whom he had performed the operation of trephining on account of an abscess resulting from a fall in the hunting-field. The patient was unconscious for two hours after the accident. At the end of a fortnight he was removed to Dublin, suffering much from pain over the upper part of the occipital bone on the right side, and also much gastric irritability and general debility. Any motion, such as driving, intensified the pain, and caused nausea. On examination a shallow depression, the size of a florin, was found, bound by a well-defined margin, at the situation where he complained of the pain. The diagnosis of fracture, with the subsequent formation of an abscess within the cranium at the seat of the lesion, was made. An exploratory incision was made down to the bone, and a small purulent collection was opened into. Subsequently the operation of trephining was undertaken; and on exploring the bone a small circular opening through the skull, about two lines in diameter, was discovered. Through this opening, situated on the upper part of the occipital bone, some purulent matter oozed. A circular piece of bone was then removed with the trephine to provide free exit for the pus. An abscess cavity, from which almost half an ounce of pus welled up, was opened into. The inner surface of the piece of bone removed was deeply eroded. The cavity of the abscess was washed out with a weak solution of carbolic acid. Subsequently the patient experienced an attack of erysipelas of the head and neck, from which, however, he recovered, and nothing further occurred to interrupt the process of complete recovery of the patient.—*Dublin Jour. of Med. Sc.*—*Med. News*, March 3.

CURE OF ABSCESES ABOUT THE NECK WITHOUT CICATRIX OR OTHER DEFORMITY.

Abscesses about the neck are so apt to be followed by a disfiguring scar when they are either allowed to rupture or are opened with the knife, that some plan by which the pus may be evacuated without leaving a cicatrix is greatly desired. Dr. F. J. B. Quinlan (*London Lancet*) has adopted the following method in such cases: A long thin needle carrying a fine silver wire is mounted on a handle and passed through the abscess from above downward, so as to favor drainage, the wire is drawn through and the ends are tied together. Lint wet with a spirit lotion is then applied and changed three times a day. By this means the pus is drained off, and when there are signs of puckering in the wounds the wire is removed and a compress applied over the site of the abscess. He says that this treatment should be adopted as soon as suppuration has begun, and while the pus is at least half an inch from the surface.—*Med. Review*.

TREATMENT OF PELVIC ABSCESS.

Dr. TAIT treats this troublesome affection in the following way: He makes an abdominal incision, opens and empties the abscess, stitches the two wounds together, and secures drainage of the abscess cavity. The result has been most satisfactory, as twenty-two of his twenty-four cases were completely cured, and another is nearly well and improving, while in only one did the wound fail to heal, and the patient died of phthisis pulmonum, which was suspected when the operation was performed. Under the old

methods of treatment, he says that more than one-half the cases were not cured, but either died or led an invalid life by reason of suppurating sinuses.—*British Med. Jour.—Med. Record, Mar. 31.*

ELECTRICAL TREATMENT OF ENLARGED GLANDS.

In the *Med. Press and Cir.*, January 17, 1883, Dr. HERCULES H. MACDONNELL recommends the following modification of Mr. Golding Bird's procedure:

Having selected the gland or mass of glands you purpose treating, have the surface well cleaned and wiped over with a solution of salt. Apply the negative pole of a Leclanché battery, having two cells connected, over the most prominent part, and the positive about three inches apart; keep moving the positive reophore in a circle round the negative quite slowly, till the electrical stimulus has been sufficiently applied. Usually, five or six minutes is long enough. On the first occasion two cells are enough, as it accustoms the tissues to the action. On the succeeding applications, the effect of additional cells may be tried; but should there be the slightest appearance of inflammatory action, as evidenced by a bluish-white tint under the negative reophore, a couple of cells must be at once disconnected, or the application discontinued on that occasion. I have never used more than eighteen cells continued for three minutes, and have found that from eight to twelve cells give the most satisfactory and rapid results. The length of each application varies for different individuals. In some patients three or four minutes twice daily seemed to suffice; in others a longer application only once answered better. Even different glands or masses of glands in the same individual, progressed more rapidly under varying conditions of length, strength, and frequency of application.

Fair-skinned patients bear a more heroic line of treatment better than dark ones, and react more quickly to the electrical stimulus.—*Med. and Surg. Rep., April 14.*

THE PRACTICAL APPLICATION OF SPONGE-GRAFTING.

Dr. HAMILTON has contributed a note to the *British Medical Journal* with regard to his subsequent experience with sponge-grafting since the publication of his original paper. He has found that this plan of promoting the healing of deep wounds or ulcers is best carried out by using thin layers of sponge, not thick enough to interfere with drainage. One of these is applied with some pressure over the granulating surface, than which it should be somewhat smaller, so that it will not quite reach to the young epithelial border, otherwise it may be undermined at the periphery. As soon as this sheet of sponge has been appropriated by the granulations, another is superadded, so as gradually to build up the wound. He has found the freezing microtome of the proper size to furnish the best way of obtaining these sections of sponge.

When the ulcer or wound is in the lower extremity, he recommends moderate exercise, in order to favor the turgidity of the capillary loops and increase their functional activity, so as to stimulate the granulating process and favor the healing of the wound.—*Med. Times, Mar. 10.*

TREATMENT OF BUBO.

Dr. HERMANN KÜMMELL employs a dressing of bichloride of mercury after the extirpation of an inguinal bubo. He removes the whole group of glands, and not merely those that are affected. After the extirpation of the glands the wound is thoroughly dried with sponges, drainage-tubes being inserted into the deeper pockets, if necessary. The edges of the wound are then approximated by sutures, except for a short space at the lower edge, which

is left open for drainage. The surface over the wound cavity is now covered with pads of gauze soaked in a bichloride solution, or with little ash bags, one or two larger bags being placed over all. Firm pressure is then made with a roller bandage. After eight or ten days the dressing is removed and a second one applied, if necessary. Disturbance of the wound by flexion of the thigh is prevented by a short splint extending from the anterior superior spine of the ilium to the middle third of the thigh. Where an ulcer has already formed, the infiltrated parts are removed by the scissors and the sharp spoon, and the cavity is filled with sand wet with a solution of the bichloride, and covered with a few layers of gauze. Should the discharge be sufficient to saturate the outside dressing, this is removed and fresh gauze applied. The sand, however, is not removed, but is wet again with the solution. Dr. Kümmell claims excellent results in the treatment of the bubo by this method. In cases where the skin is still sound, he says that union by first intention is usually obtained, and where ulceration has occurred, the wound heals rapidly by granulation with a very moderate amount of suppuration.—*Cent. für Chir.—Med. Record, Mar. 10.*

RESPIRATORY ORGANS.

BRONCHIECTASIS.

Mr. WILLIAMS reports in the *Lancet* his fourth case of bronchiectasis treated by tapping. The patient was a man aged forty, in whose right chest a bronchiectasic cavity could be diagnosed beyond a doubt. The expectoration was exhausting and the fetor of the breath and sputum unbearable. The incision was made over the cavity, vertically and two inches to the right of the nipple. It was made long enough to cover two intercostal spaces, so that in case an opening through the upper one were too high another could be made lower down. This is a most serviceable and important rule. In this particular case all the symptoms were much ameliorated, but after a time the man died of septic trouble from other cavities which had formed.—*Med. Rev., Mar. 10.*

RARE MODE OF PUS DISCHARGE IN EMPYEMA.

Dr. BOUVERT (*Journal de Medecine de Paris*, December 16, 1882,) divides the unusual ways in which pus may discharge in empyema roughly into two great classes. First: pus may work its way through the œsophagus, stomach, intestines, or renal pelvis, or the pus may pass into the pericardium or peritoneum. Second: pus may pass through the posterior cul de sac of the pleura, and make its appearance in the posterior abdominal wall. In this case abscesses may occur in the groin, buttocks, or hip. The prognosis, it is said, is not more grave than when empyema ends by spontaneous evacuation through the chest-wall.—*Gaillard's Med. Jour., April 14.*

BILLROTH ON EMPYEMA.

BILLROTH's views on this subject are justly entitled to attentive consideration. He does not believe that either tuberculosis or caries of the rib are common sequences of empyema, but rather inclines to the view that death is more common from other accidents and from lardaceous degenerations.

He does not believe that the results of operations for this disease are any more favorable since than before the introduction of Listerism. Fifteen cases treated in his clinic since 1876, by free openings and various forms of antiseptic dressings, terminated as follows: Of three (empyema associated with tubercular disease), two died and the third was lost sight of. Of ten

(the result of simple pleurisy), three died, one did well for a time, but died within a year; four did well for some months, but were then lost sight of; in three, while there was some improvement, the fistulas remained open and discharging two years after the operation. Of the last two (of traumatic origin), one recovered apparently completely in nine months; the latter improved, but was not healed after eighteen months.

Of fifteen cases operated on by Weinlechner and Billroth, in only two was a definite and permanent cure effected. The *Medical Times and Gazette*, from which we learn these facts, concludes that the statement of opinion by Billroth, that antiseptic treatment of the discharging empyema is without influence in the prevention of septic serous inflammations, is worthy of all attention, as proceeding from him; but we have seen isolated cases of enormous empyema in children, even when offensive to the nostril, do remarkably well with proper antiseptic dressings.—*Med. and Surg. Rep.*, Mar. 3.

PERIPLEURITIC ABSCESS.

The occurrence of a primary inflammation of the cellular tissue between the pleura and chest-wall, leading to the formation of abscess, has been asserted positively by competent authorities. In a communication by P. Martin (*Centralblatt für Chirurgie*), two cases of peripleuritic abscess are reported in a boy of 5 years and a man of 34 years; in both cases, however, the peripleuritis had been preceded by a recent pleuritis, although in the interval the patients were in good health. Cases of secondary peripleuritis are especially apt to develop when inflammation occurs in a neighboring structure, as in disease of the vertebræ, the ribs, or the pleura; they must be of much more frequent occurrence than those of the primary form. Martin does not contradict the statements of good authorities as to the possibility of a true spontaneous or primary peripleuritis, but denies that the usually accorded symptomatology is of any practical value for the diagnosis and treatment of peripleuritic abscess, as compared with that furnished by the exploring needle and the knife.—*Med. Times*, Mar. 24.

ANTISEPTIC THORACENTESIS.

In the *Revue de Chirurgie*, Dr. HACHE reviews at length the various operations for the removal of pus from the pleural cavity. A comparison of the results obtained in the different modes of procedure leads him to prefer that which is conducted in strict accordance with the rules of Lister himself, even to the eight layers of gauze and the mackintosh. The following are the rules by the strict adherence to which he thinks the greatest success may be obtained: 1. The operation and the subsequent dressings should be performed under the most vigorous antiseptic precautions. 2. The incision should be large and permit of the complete evacuation of the contents of the pleural cavity. The operation should be undertaken as soon as the diagnosis is made. 3. A single washing out of the pleural sack should be made, unless in exceptional cases. A large drainage-tube is to be inserted, and removed only when the discharge has nearly ceased for several days. When conducted in this way, Dr. Hache favors the operation as leading to a more certain and speedy cure than do the old methods. Since such scrupulous attention to minutiae is required to ensure the success of the procedure, it would seem to be better to transfer it to the domain of surgery.—*Med. Record*, April 21.

TRAUMATIC PNEUMONIA.

Dr. MADER relates the case of a laborer, fifty-eight years of age, who fell from quite a height, striking upon the chest. Ten days after the accident he entered the hospital suffering from severe pain in the epigastrium and right hypochondrium. The liver was enlarged and exceedingly tender. There

were also marked signs of pneumonia of the right lung, dulness on percussion, bronchial respiration, and bloody sputa. The disease ran the ordinary course of an idiopathic pneumonia, resulting in complete recovery.—*Ber. Rudolph-Stift., Wien.—Med. Record, Mar. 24.*

TUBERCULAR ULCERATION OF THE LARYNX.

At a recent meeting of the Berlin Medical Society, Dr. FRANKEL made an interesting communication on this subject. He believes that in a large number of cases the lenticular tubercular ulcer is quite characteristic. The tubercle is found completely beneath the epithelium and sets up an ulceration, which, in general, tends to spread to the surface; the borders are not sharpe, but they can be always recognized by their sloping character from new filtration with recent granulations; the bottom of the ulcer is lardaceous. The ulcer is surrounded by an inflammatory zone, in which deposits of miliary tubercle can also be recognized.

In many cases, however, the ulcer does not have sufficiently distinct characteristics to permit of a diagnosis without the accessory information drawn from auscultation and percussion.—*Rev. Mens. de Laryn. d' Otol. et de Rhinol.—Med. News.*

TRACHEOTOMY.

In concluding a report of five successful cases of tracheotomy for croup Dr. James L. Little says (*London Lancet*): 1. "The tube used should be somewhat smaller than the calibre of the trachea, should have no dorsal opening, and should be made with a movable collar or ball and socket attachment. 2. No attempt should be made to remove the tube permanently until the patient is able to breathe freely for some days through the mouth with the tube closed. 3. Granulations around the margin of the tracheal wound will be less likely to occur if no source of irritation exist in connection with the tube." He says the tube should be short, the shorter the better, and in order to have them as light as possible he has them made of aluminium, which does not tarnish nor corrode like silver.—*Med. Rec., April 14.*

TREATMENT FOR NASAL POLYPI.

Nasal polypi are usually easily recognized, hypertrophy of the mucous membrane over the turbinated bones being the condition with which they are generally confounded. Their removal is best accomplished by means of the snare. After removal, Dr. G. S. Ryerson (*Canada Lancet*), touches the stump with glacial acetic acid, stopping the pain from its application by a spray composed of:

℞. Acidi carbolici, gr.j; sod. bibor, sod. bicarb, āā grs.iiij; glycerine, 3j; aq., ʒj.

He also recommends the following:

℞. Pulv. potass. chlor., ʒij; pulv. zinci. sulph., grs.xx; pulv. acid boracis, 3ij. M.

Of this a teaspoonful is put in a teacupful of water, and either drawn up through the nose or applied by means of the syringe or post-nasal douche.—*Med. Summary, Mar.*

CIRCULATORY ORGANS.

CARDIACENTESIS.

The inquiring spirit of the times is well exhibited in the novelty and boldness which characterize the surgical expedients now carried out, or proposed. To reach eminence quickly, the young surgeon must startle. He must ex-

plode, so to speak, under the ancient surgical edifice, a cask of dynamite, to awaken the inmates of this conservative institution to a realization of the tremendous revolution going on about them. When these old fellows talk about Sir Astley Cooper tying the abdominal aorta, they are stunned by the intelligence that Billroth removes the larynx, and substitutes a rubber counterfeite, and takes out as much of the stomach as happens to inconvenience the patient. It has not yet been proposed to remove a damaged heart, and substitute a sound bullock's heart; but this operative procedure, as bold as it may appear, is approximated to by the scheme to tap the heart itself, when the venous system is overloaded.

This new operation of cardiocentesis was recently advocated by a New York surgeon. The proposition is to tap the right auricle, and draw off sufficient blood to relieve an overloaded state of the venous system. The reasons, therefore, are conclusive.

"Whatever skeptic could enquire for;
For every WHY he had a wherefore."

The small difficulties in the way of this brilliant operation are of little moment compared with the magnificent *coup de théâtre* of the procedure itself. What matters it if any of the great venous trunks are perforated? It is true, when a needle is inserted the movements of the heart must widen the orifice made. An inhibiting ganglion might be irritated, with the effect to slow the already laboring organ. A motor ganglion might be perforated, suddenly cutting off the nervous force generated by it.

To urge such objections as these is to indicate a woful lack of that progressive spirit exhibited by modern surgery. Such objectors are inveterate old fogies, who must be abandoned to their idols, as incapable of a higher order of surgical achievements. There are physicians, also, who object to tapping the right auricle, on the ground that the venous system may be unloaded by opening a vein in the arm. A physician who entertains such an opinion is simply incapable of appreciating the triumphs of surgery, and may be classed with those surgeons who are so hopelessly conservative as to prefer some trivial operation to a grand *coup*, which whilst it may end the career of the hapless patient, starts the surgeon on a course of brilliant operative methods.—*Editorial in Med. News.*

INJURY TO THE CARDIAC VALVES FROM SUDDEN VIOLENCE.

By WM. L. AXFORD, M. D., Chicago, Ill.

Injuries to the valves of the heart are of so rare occurrence that the two cases which have come under my observation during the past two years seem well worthy of report.

The literature of the subject is extremely meagre, and, in the limited amount to which I have access, I have been able to find very little more than a mere mention of the fact that such accidents do occur. Dr. C. Hilton Fagge ("Diseases of the Valves of the Heart," in "*Reynolds' System of Medicine*") briefly discusses this subject.

Corvisart was the first to point out that this injury was possible and that it could be caused by muscular effort. Dr. Peacock, in 1865, had collected seventeen cases, four coming under his own observation. These were all cases where the previous condition of the patient had been good, with no history of rheumatism or suspicion of previous cardiac disease. The valves injured were as follows: aortic valves, ten times; mitral, four times; tricuspid, three times.

The two cases which I wish to report seem to be worthy of classification with those of Dr. Peacock, since both patients were young, both had previously enjoyed good health, both were able to perform severe manual labor before the accident.

To Dr. C. A. Babcock, of Detroit, in whose practice the first case occurred, I am indebted for the particulars as well as for permission to report it.

CASE. I.—J. G.——, aged sixteen, well developed. While carrying a heavy weight made a sudden and severe muscular effort. Soon complained of considerable pain in the centre of the sternum, also of an uncomfortable feeling in the left arm. Expectored some blood, short dry cough. Before coming under Dr. Babcock's care he had been treated for dyspepsia. His condition then was as follows: Pulse, 100; temperature, $97\frac{1}{2}^{\circ}$; respiration, 26; irregular. Skin had peculiar brown hue. Complained of a dull rumbling sound in his ears. Urine loaded with urates. Auscultation revealed an aortic regurgitant murmur, partially obscuring and following the second sound of the heart. After treatment for some time the subjective symptoms disappeared but the murmur was still to be heard. He was seen by Professor Palmer, of the University of Michigan, who confirmed Dr. Babcock's diagnosis of rupture of an aortic valve. Here it was my good fortune to see the case. At the present time the boy is able to earn his living as a book-keeper, but is unable to do manual labor.

The second case was presented by Dr. Robert Johnston, of Milford, Mich., before a local society with the following history:

CASE II.—A. M——, aged fifteen. Previous history good. No rheumatism before his present trouble occurred. Was cultivating when his horses became suddenly frightened. To regain control of his team he was obliged to make a violent muscular effort. His feet sank deeply into the soft ground and one was so injured that an abscess formed in the plantar surface. He was very much fatigued by his exertions, he immediately felt pain in the region of the heart, and says he could not get his breath for several days. On several occasions when he became excited or attempted any muscular effort dangerous symptoms followed, syncope and a sense of impending suffocation. He was treated by various local physicians, and at some time during this period was said to have had "subacute rheumatism affecting the large joints, the back, and many of the lesser joints." Exactly what the nature of this complaint was I am unable to determine. He finally fell into the hands of Dr. Johnston, who first recognized the true nature of his trouble, and by the use of digitalis was able to relieve his symptoms to a considerable extent. —*Med. Record, March 24.*

MALIGNANT TUMOR OF THE HEART.

The *London Medical Record* says that Dr. MANERO reports in the *Graceta de los Hospitales* of Valencia an interesting case of malignant tumor springing from the cardiac substance and protruding as a pulsating swelling through the walls of the chest. The patient was, at the time of his death, aged fifty-one. The first indications of disease appeared four years previously in the form of constant lacerating pain in the precordial region without obvious physical signs; in about a year a bulging of the precordial region was noted, with increased pulsation, attributed to dilatation of the ventricle; and this steadily increased, with increasing pain and gradual emaciation. When seen by Dr. Manero, there was a firm pulsating tumor in the precordial region about the size of a well-developed virgin breast; it was very painful to touch; the skin over it was healthy. On auscultation of the tumor the normal heart-sounds were heard, exaggerated, but not otherwise altered. The pain suffered is described as intense; it seems to have been of the character of that of angina pectoris, and was attended by constant formication in the left shoulder and upper extremity. Death occurred after the patient had been under observation some months, during which time the tumor had steadily grown, without at all involving the skin. No diagnosis seems to have been made during life. On *post-mortem* examination, underneath the pectoral muscles, which were themselves healthy, the chest wall was found to be bulged forward. (The exact state of the ribs is not given.) On removing the front of the thorax, the lower and front part of the pericardium was found to be the cause of the thoracic bulging, which is described as forming a hernia through the walls of the chest, an oval opening being caused by erosion of the third, fourth and fifth costal cartilages, with portions of the corresponding ribs and

sternum. Within this hernial sac of the pericardium, the greater portion of the heart was found enormously enlarged, apparently in all its cavities, and presenting on section the appearance of a new growth, with the aspect of a melanotic sarcoma, in consistence for the most part like that of a sebaceous tumor crossed by pigmented bars and lines, and having numerous large and small pigmented deposits. The growth appeared to be highly vascular. The valves, columnæ carneæ, openings, etc., are said to have been hardly distinguishable. It is not stated how much, if any, of the normal heart-structure was left; neither is mention made of any microscopic examination. The latter omission is a very unfortunate one, for such a general invasion of the cardiac substance by sarcoma as described by Dr. Manero must be extremely rare.—*Med. and Surg. Rep.*, March 31.

ARTERIO-VENOUS ANEURISM.

At the meeting of the Société de Chirurgie, M. POLAILLON read a report of a case of an arterio-venous aneurism which became purely arterial by the obliteration of the vein which communicated with the artery. The disease occurred in a man who, when 11 years old, had accidentally cut himself in the bend of the arm with a pen-knife. An aneurismal tumor of the size of a small nut resulted, and remained without change for forty-two years, when it suddenly increased in size and caused intense œdema of the arm and forearm, and rupture appeared imminent; the radial pulse could not be felt. The arm was amputated and antiseptic dressings applied. The operation resulted favorably. The examination of the tumor, after turning out the fibrinous clots, showed that it had been an arterio-venous aneurism, but that the humeral vein had become obliterated up to the shoulder, while the humeral artery was atheromatous; the obliteration of the vein was evidently due to phlebitis and thrombosis.—*L'Union Méd.*—*Med. News*.

ANEURISM ABOUT THE GALL-BLADDER.

Instances of death due to hemorrhage from aneurism on the smaller branches of the coeliac axis are certainly not very common, but Prof. Halla recently showed an example of such a condition before the German Medical Society in Prague (*Wiener Med. Wochenschrift*, No. 5). The patient from whom the specimen was taken had suffered during life from melæna. In the œsophagus, stomach, and intestines, blood was found, which came from the duodenum, in which, at a distance of two fingers' breadth from the pylorus, an ulcer leading into the gall-bladder was to be seen blocked up with a blood-clot. The gall-bladder contained about twelve stones, and in its wall there was a small aneurism of the right hepatic artery, which had burst, and apparently led to death. A second small aneurism was also found projecting into the gall-bladder, and depending from a branch of the gastro-duodenal artery. The explanation given by Halla was that gall-stones had set up ulceration and arteritis, and so led to the formation of aneurisms, analogous to those occurring in the walls of pulmonary cavities. The binding together of the gall-bladder and the duodenum was regarded in a similar light.—*Med. Times and Gaz.*—*Med. News*, March 10.

THROMBOSIS OF THE BASILAR ARTERY.

Professor LEYDEN (*Allgem. Med. Central Zeitung*, January 20, 1883,) relates two cases of this rare affection. The thrombosis results from arterial sclerosis, with consequent dilatation, or from embolism. In the latter case the embolus is usually lodged in one of the vertebral arteries. The changes in the vessels are usually due to syphilis. Leyden divides the symptoms into local and general. To the former, due to changes in the pons and medulla

belong paralyses, difficulty of deglutition and of speech, and a low temperature. The paralysis may be of the face and extremities on the same side, of the face on one side and the extremities on the other, or of the oculo-motor nerve on one side and of the facial muscles and extremities on the opposite. This points to a lesion in the crura cerebri near the pons. To the general symptoms belong stupor, somnolence, delirium, and sopor. They depend upon disturbances of the circulation, induced through closure of the basilar artery. Choked disc is a symptom sometimes present and due to the same cause.—*Med. Record*, April 21.

LIGATURE OF ARTERIES IN THEIR CONTINUITY.

Savory, in speaking on Ligature of Arteries in their continuity (*London Lancet*), condemns the present practice of, after making the preliminary incisions, laying aside the knife and then endeavoring to expose the artery by tearing through the intervening tissues with a director. He points out that it is almost impossible to avoid bruising the artery or vein, or to make a clean and satisfactory isolation of the artery by this plan, and prefers the old-fashioned method of using the knife to expose the artery. He has never seen the artery cut by the knife, even when it has been used freely in awkward hands, but has seen the artery injured on the living and dead by the abuse of the director. Mr. Savory also prefers carrying the needle round the artery without the ligature, and passing the thread through it afterward.—*Canada Med. and Surg. Jour.*, March.

RUPTURE OF THE PULMONARY ARTERY.

Dr. ARRO reports in *Revista de Ciencias Medicas*, December 10, 1882, the case of a man who, while apparently in perfect health, was suddenly attacked with severe pains in the chest and clavicular region, extreme anxiety and difficulty of respiration. This condition lasted for thirty hours, when death suddenly occurred. At the autopsy, the chest was found filled with an enormous quantity of blood, which had escaped from a rent in the walls of the pulmonary artery, about an inch before its division, where it was thin and dilated.—*Gaz. Méd. de Naples*.—*Med. News*.

ENTRANCE OF AIR INTO THE VENOUS CIRCULATION,

While comparatively a rare occurrence, has long been recognized by the profession as a cause of sudden death. Dr. F. W. Draper reports two cases (*Boston Med. and Surg. Jour.*) in which sudden death from this cause followed attempts to produce abortion. In one case the attempt was made by the woman's paramour, in the other by a physician, and in both the instrument used was thought to be a catheter. The results of the autopsies are interesting, in that they showed an almost identical condition of things in the different organs in both cases. It was found on making an incision over the sternum that air escaped from the divided vessels. The pericardium in each case was distended, the right cavities of the heart were enlarged, and on making a small puncture into the ventricle a puff of air, without odor, escaped. The left cavities were contracted and empty. The lungs were congested, the kidneys hyperæmic, the livers healthy, but on cutting into them bubbles of air came from the vessels. The inferior venæ cavæ were almost entirely filled with air instead of blood, and the uterine and iliac veins also contained air. On cutting into the uterus of the first case an ovum of three months was found, and one of seven or eight months in the other. It was found that the instrument had not passed into the amniotic cavity, but had torn the decidua from the uterine walls, and exposed the mouths of the sinuses, and had thus allowed the air to enter.—*Medical Review*.

SURGICAL TREATMENT OF PHLEBITIS.

In the Bulletin of the Surgical Society of Paris, Demons has a noteworthy contribution on this subject. A middle aged man opened his own median basilic and cephalic veins at the elbow. A hospital interne ligated the cut ends with catgut, and applied an insufficient Lister dressing. On the second day there was fever, followed by a chill, and a generally unhealthy appearance of the wounds; the arm was much swollen and the patient complained of great distress. Demons diagnosed suppurative phlebitis and incipient pyæmia. He accordingly made a long incision, but found no pus. He then dissected the ends of the veins free, opened them with scissors, hemorrhage being checked by compression, and found their inner walls thickened and beginning to suppurate, the lumen filled with thrombi. These he carefully removed, and irrigated the whole with a 12 per cent. solution of zinc chloride.

Ligature of the upper venous ends was necessary. Lister dressing was carefully reapplied. Improvement was immediate, and in spite of an inter-current pneumonia the patient recovered.—*Med. Rev.*, Mar. 3.

VASCULAR TUMORS.—MEDICATED COLLODION.

Dr. FIORANI has treated several cases of telangiectasis successfully by the external application of corrosive sublimate in collodion (three parts in twenty). He applies four layers of the substance over the tumor, and a little beyond, with a camel's hair brush. On the fourth day the edges are a little raised, and then a second application of four layers is made. This is repeated every four days until the swollen edges have become depressed. After the crust falls off, the surface is seen to be somewhat sunken and of a pinkish color, which gradually changes to a normal hue. The procedure is entirely painless. It is to be employed only where the angioma is raised but a line or two above the surface.—*Allgem. Med. Central Zeitung*.—*Med. Record*, April 21.

DILATATIONS OF THE ABDOMINAL VEINS.

At a recent meeting of the Medical Society of Bonn, Dr. LEO presented a man with immense enlargement of the veins of the abdominal walls, which had developed in the course of a few months. The enlargement commenced in the right groin and extended in two snake-like coils to the border of the ribs, on the left side, and in the middle line of the abdomen there was also a single strand of similarly enlarged veins. The affection suggested the well-known *caput Medusæ*, although it did not surround the umbilicus; although the etiology is obscure, it is probable that the condition is caused by compression of the portal vein, though the liver is normal in size.—*Berliner Klin. Woch.*—*Med. News*, Mar. 31.

THE INTRAVENOUS INJECTION OF SALINE SOLUTIONS FOR SEVERE HEMORRHAGE.

Dr. EGERTON JENNINGS has devised a trocar and canula for phlebocentesis which appear simple in construction and well adapted for the purpose of transfusion. It has also a siphon attachment, which can be employed either for blood-injection or for ordinary saline solutions. The point of the trocar is pen-shaped, with the top turned up in order to avoid the posterior wall of the vein operated on. The canula is $1\frac{1}{8}$ inches in length, and is provided with a slight shoulder, so as to make it self-retentive; there is also an inner canula attached to the branch-tube of the siphon, made like the outer one, except that it is perfectly cylindrical and slides into the outer canula. In cases of loss of blood, saline solutions are advised; but they will not answer in poisoning by carbolic acid or similar agents, nor in pernicious anæmia.

The risk of fibrination is minimized by this method, for the blood after passing through the efferent canula and branch tube (which is very short)

immediately mingles with more than twice its bulk of a saline fluid. The continuity of the flow as regulated by the siphon is most equable, instead of being intermitted by the jerks of the artificial heart (in the shape of a rubber bag or receptacle, worked by the operator's hand) which belongs to most of the immediate transfusion apparatus in vogue. The substitution of a few drops of liquor ammoniæ for the alcohol directed to be added to the saline fluid would materially assist in retarding coagulation. Since the blood of males is less prone to coagulate than that of females, and as pregnancy increases greatly the coagulative property, these facts, added to other considerations, certainly indicate that, as a rule, a male should be selected as the donor whenever blood-transfusion is demanded.—*Med. Times, Apr. 21.*

TRANSFUSION OF PURE WATER.

Dr. COATES (*London Lancet*) reports a case of transfusion of pure water, warmed to a proper degree. The patient was a primipara, twenty-seven years of age. The cause of collapse was an alarming hemorrhage on the ninth day after childbirth. Some twenty-two ounces of water were allowed to enter the median cephalic vein through a Jennings siphon. The result was striking, and convalescence speedy.—*Med. Record, Mar. 31.*

THE PULSE AND SPINAL INJURIES.

Dr. DUJARDIN-BEAUMETZ reports (*Bulletin Générale Thérapeutique*) a case which seems to show that the cardiac accelerator nerves are situated in the cervical portion of the spinal cord. By a fall on the head the patient sustained a contusion of the seventh, sixth, fifth and fourth cervical vertebræ resulting in paresis of both arms, with pain along the course of the brachial plexus. For months after the injury the pulse varied markedly in frequency. Such variation being dependent upon posture, being forty-nine in a recumbent position, seventy-three when sitting, and one hundred standing.—*Gaillard's Med. Jour.*

TREATMENT OF EXOPHTHALMIC GOITRE BY SUBCUTANEOUS INJECTIONS OF DUBOISIA.

M. DESNOS reports three cases of exophthalmic goitre treated by a daily subcutaneous injection of from one-half to one milligramme of neutral sulphate of duboisia. In all three cases the improvement was marked: there was diminution in the projection of the eye, and in palpitation; improvement of the general health, and reduction in the pulsation and murmur in the thyroid gland. When the treatment was discontinued the improvement disappeared. Further observations are necessary to determine whether a permanent cure may be produced by means of this drug. In two cases there were slight symptoms of the physiological action of the drug.—*L'Abeille Méd.—Med. News, Mar. 3.*

ALIMENTARY ORGANS.

LEUCOPLAKIA BUCCALIS.

This disease, also called psoriasis of the tongue and buccal mucous membrane is a chronic squamous affection of the dorsum of the tongue and the lips, characterized by white elevated spots and superficial induration of the mucous membrane. It is mostly found in persons having been affected by syphilis of the mouth, or in persons addicted to the use of tobacco. But sometimes it is found in persons neither syphilitic nor smokers, and then there are seen round erythematous spots, looking very red, but, later, black-

ish, and which undergo desquamation. If the disease has continued for several years, there are large, grayish spots, which become black and are thrown off in lamellæ 3 cm. long. Then there is cicatrization with the new formation of epithelial cells, and the surface of the tongue becomes broken and fissured in different directions. At last the tongue shows several elevated points, which look like the papillæ of the tongue of a cat. These points are confluent, and they form at last the true epithelioma.—*L'Union Med.—Chicago M. J. and Exam.*

TURPENTINE GARGLE IN BLEEDING TONSILS.

One of the dangers of excision of the tonsils is hæmorrhage, not from wounding of the jugular or carotid (accidents which can only result from carelessness or stupidity), but from the parenchyma of the tonsil, the vessels of which are enlarged through the prolonged congestion which is the cause of the hypertrophy. We recall a case in which such hæmorrhage was sufficiently severe, in spite of astringent applications and cold, to occasion considerable apprehension. Erichsen recommends a gargle of turpentine in such cases, and Prof. Ashhurst adds his testimony in support of the recommendation, in a clinical lecture reported in the *Medical Bulletin*.—*Med. Age, Mar. 10.*

ŒDEMA UVULÆ THREATENING LIFE.

Dr. JOHN B. MILLER reports the following:—Otto T., æt. thirty, single, was admitted to the German Hospital, on March 5th, suffering from acute articular rheumatism, the case belonging to Dr. G. W. Vogler, one of the visiting physicians to the hospital. The patient made a rapid recovery, and then had an attack of acute tonsillitis of a mild type, the treatment of which consisted of simple astringents. He did well until midnight of March 30th, when I was hastily summoned to see him in the male medical ward, and found him completely exhausted from impending suffocation.

The cause of his struggles was at once apparent. The pharynx and tonsils were much congested; the uvula enormously enlarged, filled with fluid, and reached down to the epiglottis. There being no time to lose, I simply seized the uvula with a tenaculum and amputated a portion of it with a pair of scissors, which was followed by immediate relief and shrinking of the organ.

Treatment with the astringent gargle was continued, and patient discharged, a few days later, cured.—*Med. News, Apr. 21.*

GASTROSTOMY, ŒSOPHAGOSTOMY, AND INTERNAL ŒSOPHAGOTOMY.

Operations on the internal organs of the body have become much more common than they were formerly, and in recent years the stomach has been very frequently operated on with the view of counteracting the effects of œsophageal obstruction. Dr. Morell Mackenzie, in the *American Journal of the Medical Sciences* for April, 1883, analyzes the cases of this character which have been already published, and gives an account of two new cases. He finds that gastrostomy has been performed 81 times, and that death occurred from shock in 27 or in 24.6 per cent.

The advantages in gastrostomy are: 1, that it can be carried out with comparative ease, 2, that there is very little risk in the steps of the operation itself, especially if done in two acts separated by a proper interval of time; 3, that there is almost entire certainty of being able to effect the object aimed at, which is the establishment of an alimentary fistula altogether beyond the seat of stricture; and 4, that the fistula is hidden from sight. The only disadvantage is that gastrostomy still yields a high per centage of deaths. Twenty-six cases of œsophagostomy are analyzed; of these 16 died within a fortnight, and seven died from shock.

The advantages claimed for œsophagostomy are: 1, that it is attended with comparatively little shock; 2, that it facilitates subsequent dilatation of the stricture; while the disadvantages are that the operation is a very difficult one, and attended with considerable danger from its proximity to so many important structures, and there is great uncertainty in any given case whether the opening in the œsophagus can be made below the stricture; and finally a discharging fistula in the neck is a conspicuous disfigurement.

Seventeen cases of internal œsophagotomy are analyzed, and the following advantages are claimed for this operation: 1, that it is attended with an inconsiderable amount of shock; 2, that if the stricture can be thoroughly divided, gradual dilatation can be carried out, and a cure thereby effected; 3, that the procedure involves no external wound. The disadvantages of œsophagotomy are: 1, that it can only be safely performed in cases where it is still possible to pass a bougie; 2, it is often difficult to pass all the strictures; 3, in many cases the walls of the œsophagus are so thickened that limited longitudinal incision does not relieve the obstruction; 4, the actual danger in the operation is far from inconsiderable.—*Med. Record, Apr. 21.*

GASTROSTOMY IN ESOPHAGEAL CANCER.

My conviction is, that as gastrostomy has been proved to be so valuable a means of prolonging life and mitigating suffering in cases of esophageal cancer, from the number of cases on record in which patients have lived for months with an artificial opening into the stomach in comparative comfort, that the surgeon who allows his patient to die without this chance of prolonging his life is falling far short of his duty; nor is he justified either in putting off the operation until the vital powers are failing, inasmuch as the good resulting from the operation seems to be in inverse ratio to the delay.—*Dr. T. K. Hamilton in Australian Med. Gaz.—Nashville Jour. M. and S., Mar.*

STENOSIS OF PYLORUS.—DIVULSION.

In an individual suffering from pyloric stenosis from a cicatrix, Professor Loreta, of Bologna, after having made an incision in the epigastrium, and opening the stomach, mechanically dilated the pylorus. The result was most successful, since, on the seventh day, the phenomena caused by the stenosis had disappeared, and the patient was going on well in every way.—*London Med. Record.—Med. Record, Mar. 17.*

CAPILLARY PUNCTURE OF THE STOMACH FOR THE INJECTION OF LIQUIDS.

The *London Med. Record* says that Dr. IGINIO TANSINI, of Lodi (*Gazz. degli Ospitali*), proposes this operation as likely to be often of great service, especially where passing the œsophageal tube is impossible or unadvisable, and where antidotes have to be promptly introduced into the stomach. Gastrotomy is always a serious operation, while puncture by a capillary trocar he has proved by experiments on animals to be harmless. From his studies on the dead body he believes that it is practicable, even with the stomach empty and retracted. Labbé says that the anterior surface of the empty stomach is directly accessible in a triangular space, whose base is below and corresponds to the great curvature (or to the transverse line which joins the cartilages of the ninth ribs); and whose margins are: to the right, the left lobe of the liver; and to the left, the margin of the false ribs. Tansini introduces the trocar about $6\frac{1}{2}$ centimetres from the xiphoid apophysis on the left, near the costal margin, the trocar being directed slightly toward the diaphragm. For greater security, when the stomach is pushed against the diaphragm, he introduced the trocar in the eighth left intercostal space, close to the sternum. He owns that the introduction of a trocar through the abdominal and inter-

costal parietes into an empty stomach is uncertain; the risk is run of either not penetrating the stomach at all, or of penetrating too deeply. He therefore recommends an incision to be made 8 centimetres along the left costal margin, the centre of the incision to be about $6\frac{1}{2}$ centimetres from the xiphoid apophysis. Thus the anterior surface of the stomach may be exposed and seen to be uncovered by the left lobe of the liver and colon, and if this last be in the way it may be pushed down, and the trocar then introduced.—*Med. and Surg. Rep.*, April 28.

WHEN IS GASTROSTOMY JUSTIFIABLE.

The Chairman of the Section on Surgery, of the Medical and Chirurgical Faculty of Maryland, (Eighty-fifth Annual Convention, held at Baltimore, April 24 and 25, 1882), Dr. O. J. COSKERY announced that the subject of his report would be Abdominal Surgery, exclusive of operations in gynecological practice. He treated of gastrostomy, splenectomy, and nephrectomy. Gastrostomy, or opening the stomach for the removal of foreign bodies, or on account of obstruction in the œsophagus produced by simple or malignant strictures, has been made most successful since Mr. Howse suggested that the process should be divided into two separate stages—the first consisting of opening the abdominal walls and stitching the stomach to it by six or eight sutures; the second, opening the stomach itself five or more days afterward.

After reviewing the cases reported and the statistics of the operation, Dr. Coskery concludes:

I. Gastrostomy is justifiable (A) in cases where a foreign body has been introduced into the stomach, which, owing to size or shape, cannot pass through the pylorus, (B), in cases where malignant contraction or diseases of the œsophagus is progressing, (C), where the disease in the calibre of the gullet is due to inflammatory action following the introduction of corrosive liquids, and where such contraction will not yield to the bougie treatment.

II. Under all circumstances the first possible opportunity for the operation should be availed of. Mr. Bryant, alluding to cases in which decrease in the size of gullet is the occasion for the operation, says: "Do it as soon as there is any difficulty in swallowing solid food."

III. The incision in the stomach itself should not be longer than one-eighth inch, unless made for the removal of foreign body, and then as small as will permit of its extraction.

IV. The operation is most successful ultimately when undertaken for the removal of foreign bodies or for accidental stricture of the gullet.

V. When done for obstruction to the swallowing of food, the operation should be divided into two stages, as was suggested by Mr. Howse.—*Med. Record*, April 28.

HEPATIC ABSCESSSES.—TROCAR.

Dr. J. KINGSTON FOWLER (*Lancet*), considers that the trocar is preferable to incision for evacuating hepatic abscesses, for the following reasons:

1. The risk from hemorrhage is much less; for when the liver is incised there is often a violent gush of blood. This, it is true, soon ceases; but these patients are usually not in a condition to bear a loss of blood which a distinguished surgeon, Mr. Lister, describes as "alarming."

2. There is less danger from septic absorption along the track of the wound, as the pus flows through a canula or drainage-tube.

3. As a trocar of any diameter may be used, the opening into the sac may be of any size that is considered desirable. For an exploratory puncture I prefer one having a diameter of one-eighth of an inch; but if there is certain evidence of the presence of pus, it is very important to employ an instrument of at least three-eighths of an inch or half an inch in diameter. If a smaller one be used, it is liable to get blocked by the solid shreds of liver tissue which these abscesses so frequently contain.—*Med. and Surg. Rep.*, April 7.

CHOLECYSTOTOMY.

At the meeting of the Birmingham and Midland Counties Branch, held January 26, 1882, Mr. Lawson Tait showed a patient upon whom he had performed cholecystotomy in October last, and exhibited the sixteen gall-stones which he had removed. The patient had been suffering from the usual symptoms of the distension of the gall-bladder, these being, as usual, intermittent. During their existence a movable tumor over the right kidney could be felt. There seemed to be, as far as Mr. Tate could determine, a good deal of misunderstanding about the symptoms of gall-stone and its cause. As long as the stones were loose in the bladder they gave rise to little or no uneasiness, and this explained the frequent discovery of numerous gall-stones in the gall-bladder, on post-mortem examination, although they had caused no suffering during life. But if a calculus gets into the neck of the bladder, and then becomes impacted, the mucous secretion of the inner coat of the bladder collecting behind the stone, distends the cyst, and its spasmodic efforts to expel its contents become the cause of agonizing pain. Till the calculus passes as far as the common duct there is no jaundice. Cholecystotomy is a very easy operation, and considering that it was originally proposed, in 1743, by Jean Louis Petat (*Mémoires de l'Académie de Chirurgie*, tome i. p. 155) it is marvellous that no one ever attempted it until three years ago.—*British Med. Jour.*—*Med News*, March 10.

PERITONITIS.—ABDOMINAL SECTION.

MR. LAWSON TAIT, of Birmingham, England, who has so often impressed the surgical world as a brilliant and daring operator, says: "The group of cases of which I should like to speak somewhat in detail are those in which I have performed abdominal section on account of peritonitis, have cleared out the abdomen and have drained it for a time." Of nine such cases all recovered. "I opened the abdomen of a lady on account of acute peritonitis, and found its cause to be acute suppuration of the Fallopiian tubes. She recovered completely, and is now in excellent health."

Quoting from a former paper of his, he says: "So satisfied have I been with results in these cases, that the next case of peritonitis to which I am called, of whatever sort it be—even puerperal—I shall advise and perform, if allowed, abdominal section, shall cleanse out the cavity and drain it, and if the operation be not deferred till the patients are moribund, I believe this treatment will prove eminently successful. Our views of peritonitis will, I am sure, soon undergo an immense alteration. * * In future, we shall treat the peritoneum on the same principle as we treat other suppurating cavities, and with quite as secure results." "This is the kind of operation which would have been regarded as madness about five years ago, but I think its success is enough to justify my rule concerning all these cases—'when the doctor is in doubt, and the patient in danger, make an explanatory incision, and deal with what you find as best you can.'"—*Med. Review*, March 17.

PURULENT PERITONITIS.—LAPAROTOMY.

ANTON SCHMIDT, of Moscow, reports a case of purulent peritonitis occurring in a man, aged 21 years, during convalescence from an attack of relapsing fever. The abdominal cavity was opened by an incision extending from the navel to the pubis, and about five pounds of pus removed. Careful drainage was established, but no injections were employed; a Lister dressing was used. Cure occurred without any complications other than occasional attacks of colic.—*Centralb. f. Chirurg.*—*Med. News*.

SYMPTOMS OF CANCER OF THE PANCREAS.

Dr. ALOIS BIACH gives the following tabulation of the symptoms generally met with in pancreatic cancer, based upon a study of seventy-three cases: 1, pain; 2, various dyspeptic disturbances; 3, pancreatic salivation; 4, pancreatic diarrhoea; 5, fatty diarrhoea; 6, the so-called "lipuria"; 7, the presence of a tumor in the epigastrium, which occasionally pulsates; 8, bronze coloration of the skin in occasional cases.

No one of these symptoms, however, can be regarded as sufficient for making a positive diagnosis. — *Wiener Med. Presse.* — *Med. News*, March 10.

LYMPHOSARCOMA INVADING THE DUODENUM.

Dr. NORMAN MOORE, at a meeting of the London Pathological Society, showed a lymphosarcomatous growth originating in the lumbar glands. They were greatly enlarged, and the mesenteric glands to a less degree. The duodenal wall was greatly thickened, and the mucous surface ulcerated. There were no other infiltrations. The specimen was from a woman, aged forty-one. During life an irregular ovoid tumor was felt in the epigastric region. The greater part of it was dull on percussion; a lesser part was slightly resonant. The dull part was where the duodenum was most thickened by infiltration. The resonant part was where it was dilated. There was no intestine in front of the tumor. The duration of illness was eight months. A pulsation in the abdomen was first noticed, then vomiting after food, and the abdominal tumor. — *British Med. Jour.* — *Med. Record*, Mar. 24.

INTESTINAL OBSTRUCTION.—LAPAROTOMY.

Laparotomy has been recently and successfully performed by Prof. LÉON LÉFORT for intestinal obstruction (*Med. Record*). The patient, a young man, had suffered from a sub-acute peritonitis in 1879. From that time on he suffered from obscure abdominal pains. In May, 1882, symptoms of obstruction set in, and when the operation was performed the patient was almost moribund. The incision was made from umbilicus to pubis, and after considerable exploration a ring-like band was found constricting the small intestine close to cæcum. The band was several times cut, the intestines thus released, and the abdomen closed up. Copious foetid evacuations followed, and in spite of the unruliness of the patient he recovered. The usual antiseptics were not employed, but dressings of camphorated alcohol instead. — *Med. Rev.*, Mar. 3.

INTESTINAL OBSTRUCTION CURED BY CAPILLARY ENTERO-PUNCTURE.

Dr. GIULIO DOZZI (*Gazz. Med. Ital. Prov. Venete*) relates the case of an old woman, aged seventy, who, after eating a large quantity of watermelon and swallowing the seeds, suffered from obstruction of the bowels. Purgatives and injections had been tried with no relief. The meteorism was enormous. He determined to try entero-puncture, using trocar No. 2 of Dieulafoy's aspirator. Four punctures were made, two in the right iliac region, the third in the left upper fourth, and the fourth in the left lower fourth. From three punctures issued an immense quantity of gas; from the fourth no gas, the trocar being plugged with faecal matter. A dose of oil given the same evening procured four copious evacuations, and the patient made a good recovery. One of the punctures gave rise to a small abscess. In this case peristaltic action was evidently prevented by the enormous quantity of gas, arising from the decomposition of the retained faeces, — *London Med. Record.* — *Pittsburgh Med. Jour.*, April.

HERNIA REDUCED BY ELECTRICITY.

Dr. SUPRUNENKO (*Wratsch*, No. 40, 1882,) reports the following case: A slight inguinal hernia which had been three hours strangulated resisted half an hour's taxis. A moderately strong induction current was then used. The positive electrode was pressed against the tumor, while the negative was applied first against the lumbar vertebræ, afterward over the umbilicus. The hernia at once diminished and in two minutes disappeared. In a second case reported by Dr. Pergamin, the patient, an eighty year-old man, suffered from strangulated hernia for twelve hours. Two hours persistent taxis failed. The induction current was used for fifteen minutes without success. The current being still maintained manipulation was tried, and in about two minutes the bowel returned into the abdomen with a gurgling sound.—*Gaillard's Med. Jour.*, April 7.

INTERNAL HEMORRHOIDS.—LIGATURE.

J. F., aged sixty. I found him suffering from internal piles with prolapsus ani and severe hemorrhage on defecation, or even on walking. He had given up all work. I prescribed the ordinary remedies for three weeks; but as it was quite useless, and the man became so weak from the pain and loss of blood, and the prolapsed bowel, with its congested mucous tissue, so difficult to return, I determined upon the following: I applied a ligature steeped in carbolized oil to the base of a large hemorrhoid, and touched the surrounding vascular membrane with nitric acid, anointed the parts with simple lard, and then with firm pressure replaced the bowel. I kept him on fluid nourishment, with opiates occasionally for a time, and in a month he was about again in good health.—*Mr. T. Wells Hubbard, in British Med. Jour.—Louv. Med. News.*

PROLAPSUS OF RECTUM.—HYPODERMICS OF ERGOTIN.

Prolapsus of the rectum has been treated successfully by hypodermic injections of ergotin. According to the plan recommended by Jette (*Thèse de Paris*, 1882), the injection should be made five millimetres from the anal orifice.—*Independent Pract.*

URINARY AND GENERATIVE ORGANS.

PYO-NEPHROSIS AND ITS SURGICAL TREATMENT.

A strong, well-developed woman, 32 years of age, who had a history of some obscure painful affection of the left kidney, but with excellent general health, was seized suddenly with fever, intermittent in type, restlessness, and severe pains in the left lumbar region. After she had suffered thus for a month, ether was administered, and by physical examination a large tumor was detected in this region, extending from the ribs to the crest of the ilium and pubes, and beyond the median line; it was oval in shape, and in the centre fluctuating. The heart was not hypertrophied. The urine was large in quantity, and contained pus and albumen; it was alkaline, and had an offensive odor. Dr. James Israel, who reports the case in the *Berliner Klinische Wochenschrift* (No. 51, 1882), diagnosed pyo-nephrosis, and proposed a permanent fistule through the abdominal wall as a *dernier ressort*,—an operation which was subsequently performed. It was found to be cystic dilatation of the calices of the kidney. Upon opening the peritoneal cavity, a trocar was introduced into the point of greatest fluctuation, and a large quantity of

offensive purulent fluid was obtained. A drainage-tube was inserted, and iodoform gauze applied over the wound. Everything progressed remarkably well after the operation; there was no fever, no peritonitis, no pain, and the urine had become clear and acid in reaction, when, on the third day (following a hypodermic injection of morphia), uræmia set in, and the patient perished. At the autopsy, the left kidney was diseased, as stated, and the other kidney was found to be very much contracted, and the site of granular atrophy. The existence of disease of the right kidney had not been suspected during life; the normal quantity of the urine, the absence of cardiac hypertrophy, and the appearance of robust health and unimpaired nourishment of the patient were all against this supposition. The bearing of this upon the question of total extirpation of a diseased kidney in such cases is very obvious. The reporter formulates the practical deductions from this interesting case in the following observations:

1. The diagnosis of unilateral hydro or pyo-nephrosis having been made, the possibility of disease in the kidney—even in the absence of cardiac hypertrophy, and in the presence of the normal excretion of the normal quantity of urine—must always be acknowledged.

2. Therefore, the establishment of a fistulous opening into the pelvis of the diseased kidney through the abdominal wall is, as a rule, to be preferred to the operation of extirpation of the affected organ.

3. Where the cystic enlargement of the calices is more extensive than the distention of the pelvis of the kidney, aspiration can still be performed, either with or without preliminary incision into the abdominal wall.

4. The use of narcotics, which reduce the power of the heart, should be restricted as much as practicable in kidney diseases, which cause considerable disturbance in the circulation.—*Med. Times*.

TO DETERMINE THE PRESENCE OF TWO KIDNEYS.

Or in case it has been decided on account of a diseased condition to remove one, the state of the other, it has been suggested by Dr. William M. Polk (*New York Medical Journal*), may be discovered by passing a block-tin catheter, bent like a Sim's sigmoid catheter, into the bladder. Two fingers having been carried as far as possible into the rectum, the curve of the catheter is made to hug the pelvic wall, and thus the end of the curve will pass across the line of the ureter, when pressure may be made by the fingers in the rectum upon the catheter, and so close up the ureter. Urine from the other kidney will then in a short time collect in sufficient quantity for purposes of examination.—*Medical Review*.

PAPILLOMA OF THE BLADDER.

A case of papilloma of the bladder was operated on by Dr. JOSEPH RANSOHOFF (*Medical News*), by perineal cystotomy, and the growth, which was attached to the wall of the bladder by a broad base, was removed with a Volkman's sharp spoon. The doctor gives in tabulated form, an account of fourteen cases of vesical tumors, which he had collected from the literature on the subject, from which it is interesting to observe that of the number, eleven were operated upon by perineal cystotomy, and in the remainder either the suprapubic, or suprapubic and perineal operation was performed. Of the eleven cases of perineal section seven recovered, while of the suprapubic operations two died.—*Medical Review*.

DIGITAL EXPLORATION OF THE BLADDER.—REMOVAL OF VESICAL GROWTHS.

A remarkable communication by Sir HENRY THOMPSON appears in the *Lancet* (February 10), in which the distinguished surgeon reports fourteen cases of digital exploration of the bladder for obscure vesical symptoms, out of which the large number of six occurred, in which vesical tumor was

detected and successfully removed, with striking relief to the symptoms. Thirteen of these cases were male, the other being one of a vesical growth in which dilatation of the urethra was practised and the tumor removed, this being added as being analogous to the proceeding adopted in the male. The method pursued in the latter was by a limited incision of the perineum carried to the membranous urethra only; the index finger then being introduced into the bladder, and with the aid of suprapubic pressure with the other hand, the entire mucous surface of the viscus can be explored. Although this incision has been frequently practised for stricture, retention, etc., this application of it for diagnostic purposes is new. Many of the cases in which polypoid excrescences were found had been previously treated for stone in the bladder by lithotrity. In other cases, when no stone, encysted or diffuse, in the form of a calcareous deposit upon the bladder-wall, can be found, the performance of external urethrotomy and the retention of the tube for a few days greatly relieve the symptoms, and the improvement is sometimes permanent.—*Medical Times*, April 7.

CYSTO-ABDOMINALORRHAPHY.

Surgeons do not agree as to the best method of dealing with suprapubic incision of the bladder. A safe operation, as set forth by Alex. W. Stein, M.D., (*Medical Record*, March 17, 1888,) is to bring the bladder wound in apposition and in union with the abdominal wound. As this procedure has been carried out but once in the human subject, Dr. Stein experimented eight times upon dogs, and when we reflect that the bladder in dogs is covered on all sides by peritoneum, it will be seen that the operation in these cases was intraperitoneal.

In three cases union by first intention was not obtained, but adhesions prevented the escape of urine into the peritoneal cavity; in one experiment, two-thirds of the incision healed by first intention; the three other experiments of healing by first intention was secured throughout; in one case a fistulous tract remained.

In all cases the autopsy revealed firm adhesions between bladder and anterior abdominal wall. Some hypertrophy of the bladder wall was also noticed, caused, possibly, by the abnormal attachments of the viscus.

It may be said that the eight experiments were successful. In man, perfect quiet, the recumbent position, constant drainage of bladder by catheter, Listerism, etc., are available factors which will contribute vastly to a speedy recovery of a cysto-abdominalorrhaphy.—*Med. and Surg. Rep.*, April 21.

POINTS IN THE TREATMENT OF URINARY ABSCESS, STRICTURE AND EXTRAVASATION OF URINE.

REGINALD HARRISON advocates the treatment of abscess in the perineum, complicating tight stricture of the urethra, with or without extravasation of urine, by free incision and the introduction and retention of a short straight catheter into the bladder, retained by a T bandage. He concludes—1. That in all cases of perineal abscess and extravasation of urine, associated with organic stricture of the urethra, perineal urethrotomy behind the stricture should be practised, and provision made for the direct escape of urine by the insertion of a tube into the bladder from the wound. 2. That the treatment of the stricture should be postponed until the more urgent symptoms of abscess and retention or extravasation of urine have been relieved.—*Lancet*.—*Med. Times*, March 24.

ERGOTINE INJECTIONS FOR HYDROCELE.

Dr. WALKER, says (*British Medical Journal*) that, owing to an accidental substitution, he injected two drachms of liquor ergotæ, instead of the same

quantity of tincture of iodine into the sac of a hydrocele. The result was very gratifying, there being a radical cure without the slightest reaction. He has since repeated this method with perfect success, and prefers it to other plans of treatment.—*Med. Record*, April 14.

TREATMENT OF PARAPHIMOSIS.

Dr. O'CONNOR, of the Limerick Hospital, recommends (*British Medical Journal*), as an improvement in the treatment of paraphimosis the winding of ordinary twine firmly and closely from before backward around the constricted portion of the penis. By this procedure the exudation is driven backward and on unwinding the twine after a short time the prepuce comes readily forward. He has resorted to this device on several occasions with invariable success and with the causation of but a trifling amount of pain.—*Medical Age*.

URETHRAL CALCULUS.

GALLOZZI has reported (*Il. Morgagni*, 1882, II.,) the case of a boy of sixteen who had in the pendulous part of his urethra a calculus weighing 33 grammes, and which was twelve years in process of formation. It was quite elongated and extended from the glans to the scrotum. A metal catheter could be introduced alongside it, since it was held in a pocket-like fold of mucous membrane. He judged from its nucleus of urates that it proceeded originally from the bladder, and not from a lacuna Morgagni.—*Med. Rev.*, April 14.

ATROPINE IN SPERMATORRHAGIA.

In a case of spermatorrhagia following typhoid fever, recorded by NOWATSCHED (*Schmidt's Jabebu*), which has resisted the usual remedies, a complete cure was effected in five days by atropine. A second case was cured by hypodermics of atropia in the perineal region.—*Riv. Clinica di Bologna*.—*Va. Med. Mo.*

DIABETIC BALANO-POSTHITIS.

M. OSCAR SIMON attributes this affection to the development of a microscopic fungus between the glans and the prepuce. The elements constituting this parasite are mycelium and spores, but no organs of fruitification can be found.

The glucose deposited from the urine in connection with the natural sebaceous secretion between the glans and prepuce forms a favorable soil for the vegetation of this species of parasite.

The essential part of treatment, is very strict attention to cleanliness; frequent washing out under the prepuce, etc. Dr. Simon recommends after each micturition lotions with lukewarm water, containing a small proportion of carbolic acid; the inside of the prepuce to be then covered with the following disinfecting powder:

R. Zinci oxid., $\frac{1}{2}$ j; amyli, $\frac{1}{2}$ j; ac. salicylic pulv., \mathcal{O} j. M—*Med. and Surg. Rep.*, March 31.

HYDATIDS OF THE PROSTATE.

TILLAUX (*Progres Medical*) reports the case of a forty-three-year-old man who entered the Hospital Beaujon for complete retention of urine. A flexible catheter was passed, but a steel sound failed to enter the bladder. Pain in the pelvis and in the lumbar region pointed to a possible lesion of the

spinal cord. Exploration revealed a considerable prostatic enlargement. This enlargement fluctuated, and was regarded, because of the bad general condition of the patient, as a tubercular prostatic abscess. Two weeks later the tumor was opened through a rectal speculum, and a large quantity of liquid evacuated. The finger introduced gave evidence of a large cavity. Subsequently the patient passed a considerable number of hydatids by the rectum, and after a few days was discharged cured.—*Gaillard's M. J.*, April 21.

ULMARIA SPIRÆA IN ENLARGED PROSTATE.

Dr. J. BAUGH (*Canada Lancet*), claims that the use of this plant, otherwise known as "Queen of the meadow," has in three cases of senile enlargement of the prostate gland been attended by wonderful results. It is given in infusion form, and acts well as an astringent and diuretic.—*Gaillard's M. J.*, April 7.

CHRONIC PROSTATITIS.

R. Iodoform, 30 grains; morph. sulph., 2 grains; ext. belladon., 5 grains; ol. theobrom, q. s. M. Divide into suppositories No. ten. Sig. Introduce one into the rectum night and morning; also, give alkalies internally.—*Med. Brief.*

GONORRHOEA.—YELLOW OL. SANTALI.

A rather large number of American, German, French, and English physicians have—as we see by reading through the many different foreign and domestic medical journals—of late been reporting very successful results in the treatment of gonorrhœa by the *yellow olcum santali*. We learn that the remedy invariably puts an end to the discharge within two days, but to prevent a relapse it has to be continued for two weeks longer. From 15 to 20 drops given three times daily is the usual dose, which may be administered on sugar or in gelatine capsules.—*Med. and Surg. Rep.*, Mar. 3.

SYPHILITIC AFFECTIONS.

SYPHILITIC LESIONS OF THE INTESTINES.

At the meeting of the Medical Society of Vienna on January 19, Prof. Kundrat related the results of investigations made by Mrazek and himself on the alimentary tract of individuals affected with syphilis. It has been said that syphilitic disease of the intestines is very rare in the adult, but more frequent in the hereditary form of the affection. The proportion of five in forty, which was the average ascertained by Birch-Hirschfeld, is regarded by Kundrat as too high. When still-born children, already in a state of decomposition, were taken into account, Kundrat found only nine cases of intestinal disease out of a total of two hundred specimens of syphilitic children. The disease of the alimentary tract was never found alone. There were always morbid changes in other organs. The small bowel was affected eight times, the large bowel twice. Generally, the whole of the small intestine was diseased, though the stress of the mischief fell on the jejunum. Two types of disease were recognized, one more or less limited to the lymphoid structures, the other irregularly disseminated along the intestines. In addition to signs of catarrhal inflammation, there was hyperplasia leading to the

formation of nodules, some as large as a hempseed. The microscopical characters were like those found in other early syphilitic growths. It was noted also that the contents of the bowels were thickened, the meconium being tenacious and sticking to the wall of the intestine. The peritoneum showed alterations in the form of inflammatory products of various sorts and a small-celled infiltration around the vessels. In two instances there were perforations of the gut and purulent peritonitis. It would, therefore, seem that such perforations can occur during intrauterine life.—*Med. Times and Gaz.*—*Med. News*, Mar. 10.

SIGMUND ON THE TREATMENT OF SYPHILIS.

SIGMUND (*Wiener Medicinische Wochenschrift*) claims that the internal use of mercury is losing ground. The methods yielding the best results in his opinion are frictions and injections. Internal medication is useful, but in small doses only given once or twice a day. Decoctions are valuable aids to treatment in old cutaneous, osseous, and especially gummatous conditions. Corrosive sublimate in ablutions and baths is the best application for children. Grey ointment, in his opinion, needs no indorsement. In children, pregnant women, or very sensitive patients, hypodermic injections are contra indicated as well as those suffering from convulsions. In the early stages of syphilis injections rather than frictions should be used. Calomel is usually believed to be more liable than corrosive sublimate to produce abscesses. Sigmund has, however, found that this peculiarity of calomel has been much overestimated.—*Gaillard's Med. Jour.*, April 7.

CHROMIC ACID.

Chromic acid is the latest application commended as marvelously efficacious in syphilitic sores. We believe little in the specific properties of local applications save when they act by absorption or as parasiticides. What is well locally for syphilitic sores is good for other sores. Sometimes anodynes, sometimes stimulants, sometimes astringents, sometimes protectives, rarely escharotics, and never soap and water, are useful in healing sores. In a diphtheritic sore throat we have seen remarkable results from chromic acid applied to the diphtheroid membrane, and should an opportunity offer we should try this acid on diphtheritic membrane in a solution of ten to sixty grains. For condylomata and other warty growths, chromic acid is excellent above all other remedies that we have tried. Salicylic acid in corns and hard warts is highly recommended.—*Louv. Med. News*, April 7.

SYPHILITIC INFLAMMATION OF GUMS RESEMBLING SCURVY.

The next man is Isaac E., forty-eight years of age, a policeman. Last July, after an attack of tonsilitis, he was much reduced in general health, and complained of debility, poor appetite, inability to work. Three weeks ago he observed soreness of the gums of the lower incisors; they subsequently became swollen, spongy, and ulcerated, the teeth becoming loose. The gum of the upper jaw was somewhat red and swollen, but to a much less degree than that of the lower jaw. There had been no hemorrhages, and no other scorbutic symptoms. It should be stated that he also had a chancre six years ago.

Iodoform has been applied to this ulcerated and spongy gum for a few days, and it has already begun to improve. In cases in which we cannot apply the powder in bulk or with the insufflator, the iodoform can be used in solution in chloroform (1 to 10 or 20), collodion, or ether; the menstruum evaporates and leaves the iodoform, a nice way of making the application.—*Clinical Lecture*, J.^r Solis Cohen.—*Dental Cosmos*, April.

EXCISION OF THE PRIMARY SORE IN SYPHILIS.

Prof. TARNOVSKY comes to the following conclusions:—

1. That the primary syphilitic sore is from the moment of its appearance an evidence of constitutional infection.
2. Usually the wound heals easily after excision, and there is no return of the induration in the place; but there is no change in the course of constitutional state; and
3. That there is no shortening by this means of the time required in treating the primary sore.

On the other hand, under the care of Prof. Grube, five cases were thus treated, and in two no secondary symptoms appeared after a lapse of seventeen and eighteen months respectively.—*Monat. für Prak. Dermatol.—Can. Pract., Mar.*

SYPHILITIC SYNOVITIS.

Dr. MRACEK states that this rare affection is observed among the secondary phenomena of the syphilitic infection. It may attack one or several joints, the knee and the ankle being most frequently invaded. If the patient has already suffered from an arthritis, the same joint will be affected by the specific disease. A recent synovitis of this kind is readily amenable to anti-syphilitic treatment, but later its cure is more difficult, and joint-motion is usually compromised. Relapses are frequent. Local treatment consists in immobilization of the joint with massage, when the affection has become chronic. The author also recommends painting with iodine, compression, and in some cases application of ice to the articulation.—*Annales de Derm.—Med. Record, Mar. 24.*

A WORD ON THE TREATMENT OF SYPHILIS.

We are gradually growing to look with less and less dread and caution upon the *disastrous* effects of mercury when syphilis does *not* exist, and as we do so, we are less afraid to employ it.

It would seem, therefore, that whenever a patient comes under observation who confesses to having had, or where there exists any reasons to suspect that he or she may have had syphilis at some period more or less remote, we are justified in giving specific treatment.

We have seen an eight-ounce mixture, containing $\frac{1}{4}$ grain of the biniodide of mercury and 80 grains of iodide of potassium taken by a patient in whom there was only the *slightest* possible suspicion of a remote infection, without any result, *good* or *bad*, being manifest.

While we do not recommend the *indiscriminate* use of mercury and potassium, yet we hold that the ramifications of syphilis are so numerous and so intricate, that in many obscure and obstinate cases of departure from health, where we can *carefully* watch their effects, they will often prove useful where all other means fail.

These words are suggested by a case recently reported by Dr. R. B. Davy in the *Cin. Lan. and Clin.*, March 31, 1883.

The patient was a highly respectable gentleman, aged 70, who had an ugly an intractable ulcer on his leg, which resisted all treatment until he was given iodide of potassium and bichloride of mercury, when it kindly and rapidly healed.

He then admitted having had a chancre fifty years before, followed by constitutional symptoms, and that every ten years since he had return of the manifestations, which always yielded readily to specific treatment.

By bearing in mind the great prevalence of the syphilitic poison, its liability to recur, the profound influence it exerts on diseased conditions, and the comparative innocence of *carefully* watched specific treatment, we will frequently be enabled to secure good results where hitherto we have failed.—*Editorial in Med. and Surg. Rep., April 21.*

HYDRARGYRUM FORMIDATUM IN SYPHILIS.

Prof. LIEBREICH (*Wien. Med. Woch.*) in an article on the treatment of syphilis, speaks very highly of *hydrargyrum formidatum*. It acts more on the disease than any other preparation of mercury; and produces far less constitutional trouble, as it is easily eliminated by the kidneys. He has never noticed any salivation from it, during a very extended trial. It is best given hypodermically, two or three times a day. From one-half to the whole of a Pravaz Syringe (10–20 min.) of the one per cent. solution should be used each time.—*Can. Pract.*

SALICYLIC ACID IN SOFT CHANCRES AND BUBOES.

AUTIER, *Th. de Paris*, says:

1. The efficacy of salicylic acid in the treatment of soft chancres and of buboes appears to us to be unquestionable. While not an absolute specific, it is, in our opinion, capable of being most advantageously employed.

2. Odorless, only slightly painful in its application, soluble in alcohol and glycerine, and leaving no stain on linen, it is preferable, in these important respects, to most other agents employed for the cure of the above-named affections, while perhaps inferior in certain other particulars to some among its rivals.

3. It may be resorted to in all cases, both when the sores are large and well-exposed, and when they are sloughing extensively, or are reached with difficulty; and it is equally available in private and in hospital practice.—*Med. and Surg. Rep.. Mar. 31.*

HYPODERMIC ADMINISTRATION OF POTASSIUM IODIDE.

At the hospital Lourcine, devoted to venereal diseases, experiments were made upon seventy-two cases of the effects of the hypodermic injection of iodide of potassium after the plan of Eulenberg and Thierfelder in Germany. It was found that a perfectly neutral solution containing eighty grains or more of the salt (.50 gr.) to the syringe-ful could be given without unpleasant consequences.

It is believed that in cases where an unconquerable intolerance of the stomach exists, or in those cerebral cases in which swallowing cannot be performed, and yet a rapid effect is desired, this method possesses advantages. Under other circumstances, and after the patient has become able to swallow, the ordinary method of administration by the mouth is preferable.—*Progrès Med.—Med. Times, Mar. 24.*

CHANCRE ON THE CHIN.

In the *Jour. Cut. and Ven. Dis.*, Dr. MORROW relates the case of a man in whom there was an indurated crateriform typical chancre on the front of the chin, just below the free border of the lips, which had been there for three weeks. The patient ascribed it to a cut from a razor in a barber shop. He has now a general roseola (the chancre having healed), and on the dorsum of the penis, about one inch above the corona glandis, is a small circular non-indurated erosion, with a reddish-white base, covered with small granulations secreting a small quantity of thin fluid. This has been there three weeks.—*Med. and Surg. Rep., April 7.*

NEW REMEDY IN THE TREATMENT OF SYPHILIS.

Dr. J. MARION SIMS in *The British Medical Journal*. It consists of fluid extracts of *smilax sarsaparilla*, *stillingia sylvatica*, *lappa minor*, *phytolacca*

decandra, and a tincture of *Xanthoxylum carolinanum*. The *s. sylvatica* (queen's delight) is thought to be the active drug. It has long been used in the South against syphilis by the Indians and negroes. It has also been introduced and used by Drs. McDade and Rush Jones. Some remarkable instances of its efficacy are given by Dr. Sims.—*Med. Record*, April 7.

RESORCIN FOR CHANCRES.

In the *Ann. de Gyn.*, MM. LEBLAND and FISSIAUX give an account of six cases in which the chancre was brushed over with a solution varying from a weak to a saturated ethereal solution. Rapid healing took place.—*Med. and Surg. Rep.*, April 28.

SYPHILIS IN THE MONKEY.

M. MARTINEAY has inoculated a monkey with syphilis. On the fifteenth day mucous patches and constitutional disturbance were manifest. We await further developments.—*Med. and Surg. Rep.*, April 28.

AFFECTIONS OF THE EYE.

CHALAZION.

Those foreign bodies which accumulate in the orifices of the meibomian ducts must be removed either by skillfully pressing them out through the excretory orifice or by laying open the duct and removing them. Saline aperients and a course of the iodide of iron with occasional doses of quinine, usually put an end to the disposition to the formation of these bodies. A good plan is to dilute ten minims of strong commercial acetic acid with one ounce of distilled water, and apply to the closed lids by saturating small pieces of sheet lint and laying them over the lids. These applications may be kept up for an hour at a time every day until perceptible relief is manifest, when the duration of the treatment may be diminished gradually every day until it is no longer demanded. This is an especially efficacious method of dealing with the calcareous or chalky degeneration of accumulated meibomian matters.—*Med. Herald*, March.

NEW WAY OF APPLYING REMEDIES TO THE EYE.

Dr. W. F. MITTENDORF, of New York, read a paper on this subject at the N. Y. State Med. Soc. Solutions of the alkaloids in simple water were hard to keep, being liable to develop fungous growths. The use of granules might irritate or injure the cornea, and their solution took time. Vaseline was bland, but was applied to the eye with difficulty, and powders mixed with it might settle. Eserine, in particular, was hard to mix with vaseline. He preferred the use of impalpable powders, but it was difficult to find a vehicle which would dissolve readily in the eye. Starch, dextrin, sugar, and sugar of milk, were for different reasons found objectionable. He had found powdered gum arabic with sugar of milk satisfactory. Eserine, which was deliquescent and gelatinous, was first dissolved in water, then mixed with sugar of milk and reduced to a powder, and then rubbed up with gum arabic. The various alkaloids thus prepared were, as a rule, to be used by the physician only. They could be dissolved in water in a watch-glass, or used dry. They could be dispensed in solution in water, when left for the patient to use.

The speaker then showed an eye speculum, which could be expanded by means of a slide on projecting arms, which might be verticle or horizontal.

Dr. T. R. Pooley, of New York, objected to what had been said against the use of vaseline, which he had found serviceable.

Dr. D. B. St. John Roosa had never regarded fungi in solutions for the eye as in any respect harmful.

Dr. Squibb said that salicylic acid, which was soluble in three hundred parts of water, prevented the growth of fungi. Fungi subsisted at the expense of the alkaloid, and hence weakened the solutions. The difficulty with eserine could be overcome by using the salicylate of eserine, which did not deliquesce, and was not subject to attacks of fungi. Vaseline was not a good excipient, as it would dissolve nothing. Oleic acid was preferable, and the oleates of the alkaloids were soluble.

Dr. Emil Gruening, of New York, said that no fungi would form in a saturated solution of boric acid, which was of itself bland, and in which the sulphates of alkaloids were soluble.

Dr. Mittendorf said that the advantage of mixture with powdered gum arabic was that minute doses could be regulated accurately.

Dr. Pooley limited his use of vaseline to applications around the eye, but not in the eye.—*N. Y. Med. Jour.*

LYMPHADENITIS CONJUNCTIVÆ.

GOLDZIEHER (*Centralbl. f. prakt. Augenheilk.*) describes a very interesting case of lymphadenitis of the conjunctiva in a boy fourteen years of age. The disease had existed for ten days, and showed a lymphatic gland, as large as a pigeon's egg, near the right ear, a mass of enlarged glands beneath the angle of the lower jaw, and another in the neck. The lower lid of the right eye was slightly swollen, and projected away from the eyeball; the ocular conjunctiva was œdematous and slightly injected. On averting the lower lid, there was seen in the outer half of the fornix a small tumor, as large as a hazel-nut, situated in the conjunctival tissue, but not adherent to the sclera. The surface of the tumor was uneven and yellowish, and as dense and hard as a chancre of the conjunctiva. There was no ulceration, nor any trace of trachomatous infiltration or papillary proliferation. The case was, therefore, a circumscribed tumor-like lesion of the conjunctival fornix, tending to caseous infiltration, which doubtless appeared in connection with marked infiltration of the lymphatic glands connected anatomically with the diseased region, and occurring in a person of scrofulous constitution. Goldzieher was at first inclined to regard the case as one of primary tubercular nodular deposit in the conjunctiva, though differing decidedly from the cases of conjunctival tuberculosis hitherto described. He removed the tumor with the scissors without any difficulty, and the wound readily healed. A microscopic examination, however, caused him to change his opinion as to the nature of the disease, and he declares it to be a case of acute lymphadenitis of the conjunctiva, a real inflammatory hyperplasia of glandular tissue.—*N. Y. Med. Jour.*, March 31.

OPERATION FOR DETACHED RETINA.

Dr. J. R. WOLFE, F.R.C.S.E., Senior Surgeon to the Glasgow Ophthalmic Institution, advises that in cases of detachment of the retina, a vertical slit be made with scissors into the conjunctiva and subconjunctival tissue, laying bare the sclerotic at a point corresponding to the site of the detachment. The lips of the wound are separated by two small strabismus hooks, and the assistant steadily maintains the position of the eyeball, to prevent the exposed position of the sclerotic from shifting; the sclerotome is then introduced into the sac. The incision through the sclerotic is made obliquely, in such a manner that the edges of the scleral wound should overlap each other when the instrument is withdrawn, and not remain gaping. Gentle pressure

is made on the eyeball in the track of the receding lance by means of a fine spatula. The lips of the external wound are brought together with one or two fine silk ligatures, and both eyes are strapped with court-plaster. The patient is kept in bed, in a dark room for three days. The plasters and ligatures are removed on the sixth day, and the eye is gradually accustomed to the light. On the eighth day the result may be tested. Before resorting to the operation, says Dr. Wolfe, we must ascertain (1) that there is no opacity or softening of the vitreous, or at any rate, if present, that it is not general, but confined to the region of the detachment; (2) that the retina is healthy; (3) that the effusion is purely serous; (4) the exact site of the detachment. He reports five cases in which this operation has been successful.—*Pratitioner*.—*Med. News*, Apr. 14.

CURE OF SQUINT WITHOUT OPERATION.

In the early stages of convergent strabismus, before the internal rectus muscle is permanently contracted, Dr. Boucheron (*Schmidt's Jahrbücher*) claims that a cure is possible without operation. He states that as convergence is caused by efforts of accommodation for near objects, if we take away the power of accommodation squint will not occur. He maintains a constant mydriasis by the instillation of atropine night and morning. A cure is usually obtained in two or three weeks. If atropine is not well borne, other mydriatics, such as dubuoisia, may be used. In nine cases of intermittent strabismus the author obtained eight cures by this method.—*Med. Record*, April 14.

BOROGLYCERIDE IN PURULENT OPHTHALMIA.

Dr. HARTRIDGE, of the Central Ophthalmic Hospital, London, speaks (*Lancet*) very encouragingly of this new antiseptic, from his somewhat limited experiments with it, in purulent ophthalmia. His method of applying it is to evert the eyelids and after clearing away all pus and secretion with cotton wool, to brush the mucous membrane with a 1:10 solution, taking care to introduce it well under the upper lid. This is repeated daily and in the interval the eyes and lids must be bathed every hour with a 1:40 solution. When only one eye is affected, he protects the sound eye by applying a piece of lint soaked in a solution of 1:20 and bandaging it snugly. A 1:10 solution dropped into the eye is said to cause little or no smarting.—*Med. Age*, Mar. 26.

ORBITAL CELLULITIS.

Orbital cellulitis, as a sequel to facial erysipelas, is ably dealt with by Prof. WILLIAMS in the *Boston Med. and Surg. Journal*. It cannot be said that this lesion usually follows an attack of facial erysipelas, but any case is liable to it, and should its cause and treatment be misunderstood by the physician, fatal consequences may result. It begins with a full and tense feeling in the eye—the pain, at first dull, soon becoming more intense; the eye protrudes; vision, primarily not affected, suddenly fails. The ophthalmoscope shows little change in the disc, except that the retinal vessels are much smaller than usual, owing to pressure of inflamed tissues upon vessels of the orbit. The treatment must be prompt and decisive, or irreparable damage may ensue from pressure upon the optic nerve and blood-vessels; besides, the protrusion of the eye-ball beyond the lids is likely to be followed by ulceration of the cornea. Septic matter conveyed by the ophthalmic veins may cause pyæmic abscesses or heart-clot. The treatment consists in introducing a bistoury or Graefe knife between the eye and orbit at that point nearest which the abscess seems to be forming. The back of the blade should enter next the eye-ball and the point pass well back to the fundus of the orbit. Even if pus has not formed, the tension will be relieved by the escape of blood. This

treatment, though it does not always save the vision, gives speedy relief to other symptoms, and the patient usually makes a rapid recovery.—*Med. and Surg. Rep.*

PRACTICAL HINTS ABOUT GLASSES.

Persons finding their eyes becoming dry and itching on reading, as well as those who find it necessary to place an object nearer than fourteen inches from their face to read, need spectacles.

Persons under forty years of age should not wear glasses until the accommodating power of the eyes has been suspended and the exact state of refraction determined by a competent ophthalmic surgeon.

The spectacle glasses sold by pedlers and by jewelers generally are hurtful to the eyes of those who read much, as the lenses are made of inferior sheet glass, and are not symmetrically ground.

No matter how perfectly the lenses may be made, unless they are mounted in a suitable frame and properly placed before the eye, discomfort will arise from their prolonged use.

There are three systems of grading spectacle lenses, the English, the metric and the Prussian. Those made to supply the demands of the trade in this country are carelessly made, and are poor imitations of either the English or the metrical systems. The metrical scale has no English equivalent, is not graded by any uniform rule of dividing the inter-focal spaces, and is therefore unsuited to the exacting demands of science.

Persons holding objects too near the face endanger the safety of their eyes, and incur the risk of becoming near-sighted.

The near-sighted eye is an unsound eye and should be fully corrected with a glass, notwithstanding the fact it may need no aid for reading.

The proper time to begin wearing glasses is just as soon as the eyes tire on being subjected to prolonged use.

Avoid all dealers who advertise testimonials of skill which their work should display.

All ignorant pretenders to scientific knowledge are apt to announce themselves with testimonials of their pretended skill.—*Med. Herald.*

THE ACTUAL CAUTERY IN THE TREATMENT OF CORNEAL ULCERATION, ETC.

MR. SIMEON SNELL, M.R.C.S., in the *British Medical Journal*, commends this method. Mr. Snell is surgeon to a blind asylum, and to the eyes of these unfortunates this treatment may do no harm; but it is to be hoped it may not become fashionable thus to treat other eyes. Oculists are too free with their destructive agents, and have far too little faith in the conservative tendencies and powers of nature.—*Louv. Med. News.*

JEQUIRITIC OPHTHALMIA.

WECKER (*Ann. d'Oc.*, Nov.-Dec., 1882,) has employed jequirity in a large number of cases of obstinate granular conjunctivitis, and draws the following conclusions: 1. Lotions of infusion of jequirity-seeds produce a purulent ophthalmia of croupous nature, the intensity of which can be regulated by the number of lotions which are employed, and by the strength of the infusion employed. 2. The cornea runs no risk during the evolution of the jequiritic ophthalmia. In only a single case, in which the ophthalmia was pushed to a veritable diphtheritic aspect, was there produced a circumscribed and transient desquamation of the cornea. 3. The jequiritic ophthalmia rapidly cures the granulations, and, even if reproduced several times, it acts with much less danger and discomfort to the patient than inoculation, for it always disappears, without any treatment, by confining the patient for from eight to twelve days in a darkened room.—*New York Medical Journal.*

IODOFORM IN OPHTHALMIA.

The following conclusions are drawn by E. FISCHER, of Graz, with regard to iodoform in ophthalmic practice:

1. Iodoform is well borne by the majority of patients. 2. It is the most effective agent against pannus serophulosus and trachoma. 3. It renders excellent service as an antiseptic. 4. It hastens granulation and speedy regeneration of corneal epithelium. 5. In dacryocystitis and its consequent blepharorrhœa it is not to be underestimated. Kazaurow (*Wratsch*) also speaks in highest terms of the drug. In several cases of extraction, he was unfortunate enough to have escape of vitreous, with luxation of the lens and consequent irido-cyclitis or phthisis bulbi. In two such cases after using iodoform dressings there was not the slightest appearance of inflammatory reaction.—*Med. Rev.*, March 17.

MALIGNANT OEDEMA OF THE EYELIDS.

Dr. CHIPAULT, of Orleans, France, has had very good results in the treatment of this condition by the use of hypodermic injections of a mixture having as its chief basis carbolic acid and iodine.—*Gaillard's Med. Jour.*

TRACHOMA.

R. A. WEDDINGTON, M.D., Moulton, Texas, recommends: *R.* Plubi acetat, 5 grains; zinci sulph., 8 grains; morph. sulph., $\frac{1}{2}$ grain; saccharum ref., teaspoonful; aquæ, 1 ounce. *M.* Sig. Shake the bottle and drop one drop in the eye two or three times a day.—*Med. Brief.*

AFFECTIONS OF THE EAR.

MALARIA OF THE EAR.

The *Revue des Sciences Medicales* publishes several observations, taken from a German journal, demonstrating the influence of malaria on affections of the ear. The cases are not of the variety of malarial neuralgia, but veritable inflammatory affections, receiving a peculiar impress from the malarial influence, and promptly modified by quinine. The first observation is a case of acute suppurating otitis media, following the introduction of cold water into the nose; local treatment ineffectual; the administration of quinine followed by a rapid cure. The second case, analogous to the first, an acute catarrhal otitis media. The third observation is an example of what Weber-Liel has described under the name of intermittent otitis. The patient suffering from tertiary syphilis, the author was for a while on the wrong track, until one day when he observed that the state of the ear was good one day and bad the next; that the exacerbations were very clearly tertian in character, the patient living in a malarial district.

The mildest topical applications against the discharge produced a violent reaction. This the author considers an important characteristic; if, moreover, the anatomical changes are not in rapport with the violence and extent of the nervous phenomena, if the whole auricular region be painful, the objective phenomena excluding all complications, then we must admit the acute otitis to be malarial. Physicians have mentioned otorrhea as occurring in the course of intermittent and remittent fevers, and it may be that this reflection of the malarial influence upon the ear is more common than generally supposed.

After the manner of Voltolini, the author gives the quinine in small repeated doses (one or two grains of quinine every two hours in a tablespoonful of tea), with an equal quantity of Dover's Powder.—*Cin. Med. News*.

OTITIS MEDIA PURULENTA.

Summary of lecture delivered by Prof. DUDLEY S. REYNOLDS, reported for *Philadelphia Medical and Surgical Reporter*:

Unable to go more fully into the subject, I feel that, from the cases before you, two important points as to local treatment, or rather as to the action of the local agents, should be mentioned more particularly. First, there is in such cases the necessity for an agent which has the power to dissolve the fibrinous matters upon the surface of the inflamed mucous membrane, and immediately following this, an agent which has gently stimulating, astringent and antiseptic powers. The first agent, as you have seen, is found in the chloride of sodium, the second in listerine. Listerine is something more than a mere antiseptic, which its inventor, Mr. Lambert, has very extensively advertised as its chief virtue. It is a stimulating, balsamic astringent. It contains boracic acid, the essential oil of *encalyptus globulus*, thymol, and some other less important ingredients. It mixes freely with water, and may be used as a local application to all purulently inflamed surfaces, diluted to any extent desirable, or as in the cases before you, in full strength. With chloride of sodium and listerine, you have, therefore, but little to desire in the way of local applications in otitis media purulenta.—*Med. Brief*.

APPLICATION OF A DISINFECTING APPARATUS TO THE AIR-DOUCHE.

LUCAR ("Arch. f. Ohrenheilk," xix, 2 and 8,) call attention to the necessity of keeping pure and clean the air which is to be blown into the middle ear, and thinks with Zaufal that the simplest way to do this is by inserting between the air-bag and its nozzle of exit a capsule filled with salicylated cotton. He believes that the nearer the disinfecting apparatus is brought to the ear the more sure is the purification of the air likely to be, and recently he has arranged its introduction into the catheter itself. He has had a silver catheter made with an arrangement like a Buttle's inhaler near the outer end, which can be unscrewed and its cavity filled with salicylated cotton before introducing the catheter into the nostril. He keeps his catheters and the olive-shaped ends of his inflating apparatus in a solution of carbolic acid, in order to avoid, as far as possible, the chances of infection.—*N. Y. Med. Jour.*, April 7.

ACTION OF QUININE ON THE EAR.

Dr. J. ORNE GREEN thus concludes a paper on this subject in the *Boston Med. and Surg. Jour.*, March 8th, 1883:

(1) Clinical experience the world over is that quinine occasionally produces serious injuries to the ears.

(2) From our present knowledge, both clinical and experimental, we are justified in asserting that the action of quinine upon the ears is to produce congestion of the labyrinth and tympanum, and sometimes distinct inflammation with permanent tissue changes.

(3) That the action of the drug upon the ears should always be considered in prescribing it, and changes in the ears, due to existing or previous inflammation of those organs, constitute a contra-indication in the medicine in large doses or for a long time except under urgent circumstances.

(4) That where large and continuous doses are absolutely necessary an occasional intermission of the administration is desirable, if possible, to diminish the risks to the ears.—*Med. and Surg. Rep.*, Apr. 21.

EARACHE IN MEASLES.

At a meeting of the Clinical Society of Maryland Dr. THEOBALD reported a case of earache occurring in measles in which laudanum and sweet oil having been instilled without effect, he had been called in after some hours of suffering. On examination the drum membrane was found deeply injected. A four-grain solution of atropia was ordered to be instilled into the ears, four times a day in one, twice a day in the other. In a half hour after the first instillation the pain was entirely relieved, and there was none subsequently sufficient to make him cry. The following day the congestion was much diminished, and in three days the redness had entirely disappeared. But for the treatment pursued in this case, Dr. Theobald believed that the case would have eventuated in suppurative otitis with its resulting long-continued discharge. The treatment is applicable to scarlatinal otitis as well as that due to measles. If treated early, it was believed that these cases could be always aborted. They rarely come under the care of the specialist in this stage. Dr. Theobald had kept up the instillations three or four times a day for six or eight days, without the development of constitutional effects. Should rupture of the drum occur greater caution is required, but it is not necessary to discontinue the treatment entirely even then.—*Med. Med. Jour.*, Mar. 1.

CATARRHAL DEAFNESS.

Long-continued inflammation of the lining of the nose and pharynx, necessarily limits the supply of air to the tympanic cavity, and it sometimes points the first signs of disturbance in the ears, as shown in diminished power of distinguishing sounds. This may possibly increase slowly and imperceptibly until impaction of the stapes and ankylosis of the malleo-incudal articulation renders the impediment of hearing incurable. If, however, the proper treatment is begun at any time before impaction of the stapes in the fenestrum ovale great improvement in the power of hearing may be secured, and if the articulation of the bones of the middle ear suffer no organic changes, complete restoration may follow. In the case of a girl, fifteen years of age, who was disturbed with a constant noise in both ears, power of hearing measured in the right ear $\frac{2}{8}$, and in the left ear $\frac{5}{8}$, on the first of March. She had muco-purulent inflammation of the lining of the nose and pharynx. The drum membranes were depressed; and, the nasal passages being narrow, she habitually breathed through the mouth. A saline spray was employed to free the naso-pharyngeal membranes from accumulated matters. The eustachian catheter was employed, both to dilate the faucial orifice of the tube and inflate the tympanic cavity with air. On the tenth of March the hearing in the right ear equalled $\frac{4}{8}$, and in the left $\frac{1}{8}$. On the seventeenth of March the hearing equalled $\frac{1}{8}$ in each ear. On the thirty-first of March, in the right ear she heard $\frac{4}{8}$, and in the left $\frac{1}{8}$. This affords a fair illustration of the time required, and the progress of such cases, when properly treated. This patient has been told by several reputable general practitioners that, inasmuch as her father suffered impairment of hearing, and as the infliction in her case had developed slowly and insidiously, no treatment should be employed, and that she might outgrow the defect. This advice is common, and many persons are consigned to everlasting deafness by the advice of men who, for reasons unknown to us, and more likely without any reason at all, display in this matter inexcusable ignorance of a very important and necessary part of an ordinary medical education.—*Med. Herald*, Apr.

ADVANTAGES OF A DRY LOCAL TREATMENT IN OTORRHOICAL DISEASES.

One of the greatest hindrances to cure in an ear disease accompanied by otorrhœa, whether the disease be due to inflammation in the auditory canal or middle ear, is the presence of granulations and polypoid growths. Yet

one of the oldest forms of treatment in otorrhœal disease has been by copious syringing and instillations of various fluid medicines. Hence, in such treatment of this class of aural diseases, moisture has been repeatedly applied to and kept in the ear, a naturally heated locality. Now, as heat and moisture tend to promote granulations and keep up a discharge, it is very apparent that a moist treatment of otorrhœa in many instances has a tendency to keep up rather than to check the morbid discharge from the ear.

On these grounds, therefore, Dr. Chas. H. Burnett, in a paper with the above title, in the *American Journal of the Med. Sc.*, holds that the syringe and all forms of drops should be omitted from the home treatment by the patient in cases of the otorrhœa. The most the patient should be directed to do is to dry his ear according to its need, by running into the canal and down to the fundus a twisted pencil of absorbent cotton. The surgeon is to use the syringe only when it is absolutely necessary to remove by it the matter from the ear, and thus prepare the organ for the application of medication by his hand. This latter part of treatment should consist in the blowing of powders into the ear. Of these, Dr. Burnett recommends one prepared by triturating equal equal parts of tincture of *Calendula officinalis* with boracic acid (gr. to minim), allowing evaporation, then rubbing one part of the thus calendulated boracic acid with one or two parts of pure boracic acid. Alum should not be used, on account of its tendency to produce furuncles. Comparative tables are given, which show that by the dry method of treatment the average duration of treatment may be shortened from 212 days under the old plan, to 34 days by the dry method.—*Cin. Med. News*, Mar.

BILATERAL DEAFNESS FROM MUMPS.

KNAPP ("Arch. of Otol.," xi, 4,) reports a case of this kind in a young woman, aged twenty-five. Six years previously she had had an acute attack of mumps on both sides, which lasted two weeks. Hearing became affected on the seventh day, was completely lost on the eighth, and has remained so ever since. There was pain in the ear and head, but no discharge. She suffered from great dizziness, which lasted for months, and, in fact, has never completely disappeared. There has never been any tinnitus. Careful examination showed absolute deafness on both sides. Physical examination of the ears, eustachian-tubes, and naso-pharynx revealed perfectly normal conditions. All the symptoms, Knapp thinks, pointed to a labyrinthine lesion, but whether of a serous, hæmorrhagic, or purulent inflammation, cannot be decided. A direct continuation of the disease through the auditory canal and tympanum, or through the canal of the facial nerve, is vague and improbable. He regards the trouble as metastatic in nature.—*N. Y. Med. Jour.*, Apr. 7.

ACUTE INFAMMATION OF THE INTERNAL EAR.

Dr. VOLTOLINI calls attention, in a monograph published in Breslau, 1882, to the frequency of acute inflammation of the labyrinth (*otitis labyrinthica s. intima*) in young children. He states that it is usually mistaken for epidemic cerebro-spinal meningitis, but that it differs from that disease in its origin, symptoms, and sequelæ. He proposes to give it a place among the diseases of childhood, and argues at length against Politzer and others who deny its existence.—*Med. Record*, Mar. 24.

CONGENITAL DEAFNESS.

MOOS ("Arch. of Otol.," xi, 4,) found the sexes equally represented in the cases examined, and the age varied between one and seventeen years. In fourteen cases no cause could be assigned; in seven cases hereditary predis-

position was present; in ten cases parental consanguinity; in three both hereditary predisposition and parental consanguinity; in one syphilis; in one intemperance of the father; in one premature birth; in one a high degree of scrofulosis of mother and child. Direct heredity existed in no case, while in seven cases an hereditary disposition could be proved. Moos agrees with modern ophthalmologists that almost all chronic parenchymatous inflammatory affections of the cornea, complicated with disturbances of hearing, are of syphilitic nature. He regards rachitis as an important cause of early anatomical alterations in the labyrinth. He agrees with Virchow that brachycephalic and microcephalic skulls, besides defective development of various parts of the brain, occasion also an atrophy of the petrous bone, a cause of the congenital deafness in such cases.—*N. Y. Med. Jour.*, Apr. 7.

EFFECTS OF AGENTS INTRODUCED INTO THE EAR.

BROWN SÉQUARD announced not long ago that the introduction of a few drops of chloroform into a guinea-pig's ear causes death by meningo-encephalitis. Vulpian has more recently shown that the introduction of hydrate of chloral into a rabbit's ear causes extensive muco-purulent bronchial effusion, lasting for several hours, which may cause death. Small doses, which do not give serious symptoms at the time, are sometimes followed by vertigo, lasting for a month or more. The application of these facts to the local treatment of earache or neuralgia by instillation of chloroform, ether, creosote, etc., is very evident.—*Acad. des Sciences.*—*Med. Times*, Apr. 21.

INCISION OF THE MEMBRANA TYMPANI.

In accumulations of mucous or pus in the cavity, writes, ST. JOHN ROOSA, (*Archives of Otology*) paracentesis *carefully and gently performed* is a great addition to our means of cure. It is not, however, to be lightly undertaken, mucous may be removed with a little delay by the Politzer bag, and a red and swollen drum-head may be relieved by leeches or scarification. In performing paracentesis the author uses a small needle, and makes the incision just large enough to give exit to the pus, blood or mucous.—*Can. Lancet*, Apr.

AFFECTIONS OF THE SKIN.

FEIGNED SKIN DISEASE.

Dr. T. COLCOTT FOX records the following instructive case in the *Lancet*. A. S——, aged nearly sixteen years, a furtive-looking general servant in London, presented herself at the Skin Department of the Northwest London Hospital on the 28th of November. The catamenia commenced at the age of thirteen, but had since been irregular, and for the past year absent. She was fairly well nourished, but pasty-looking, and her finger-nails were markedly grooved. She applied on account of three excoriated patches which appeared on November 21st, close together on the front of her left leg, and had, she stated, given her great pain, and caused her to lie awake sobbing at night, so that her mistress had no longer the heart to keep her at work. The suggestion had been made that the sores were caused by the dye from her black stockings, and the girl said that she had dressed the places with "Moore's ointment." One sore was perfectly oval, another nearly heart-shaped, and the third triangular, with a horn at each angle at the base. The patches measured about $1\frac{1}{4}$ in. by $1\frac{1}{2}$ in. to 2 in., and the long axis was in the direction of the limb; they were simple uniform weeping excoriations, with hardly any attendant inflammation. Suspecting the nature of the lesion, I

ordered a simple dressing and a saline aperient, and talked of admitting the girl into the hospital if more sores appeared. On December 5th she returned with a transversely oval sore just above each mamma (a very characteristic site in feigned cases), but not quite symmetrically situated. There were two others above the left ankle-joint, and one on the outside of the right calf, all longitudinally oval simple excoriations, with a well-defined border, except on one sore, where the abrasion was not complete at one end, and only papulation existed, suggesting a cantharides application. There was a dark-brown blood scab on some. She was admitted to the wards. On December 6th a transversely oval patch appeared just below the left mamma; and another, longitudinally oval, covered with a slight scab, on the right hip. The girl, from time to time for twenty-four hours after admission, had prolonged fits of hysterical sobbing. On the 12th a sore appeared on the right shin near the ankle, and another on the right mamma, between the site of a former excoriation and the areola. There was a remarkable uniformity in the size of the patches throughout. As to the agency at work, I never could detect any evidence of the formation of a bulla, and the patches were too superficial for causation by an acid; moreover, repeated examination of the clothes, bedding, etc., at convenient times and unbeknown to the patient, failed to furnish any clue. On the 16th, no more excoriations having appeared, I taxed the girl with producing the eruption artificially, and, after prolonged denials, she confessed that she had done so, partly by her nails, but mostly by continued rubbing with the tops of her fingers. Probably the malingering was not altogether motiveless, and she desired a rest from her household labors. She proved to be very troublesome and disobedient in the ward, and I learnt from her father that she was an incorrigibly bad girl and a constant source of worry. The case is of interest as establishing an agency which has hitherto only been suspected as possible. Whether the skin in these cases is peculiarly sensitive to injury is a point for further investigation.—*Med. and Surg. Rep.*

MAL DEL PINTO.

A disease which has remained hitherto undescribed must be an exceedingly rare one. Such is the Mal del Pinto (*British Med. Jour.*), a skin disease prevalent in Central America and Southern Mexico, and described in a medical journal published in Mexico by Dr. Iryz. It is characterized by abnormal pigmentation, pruritis, desquamation and a peculiar odor. The pigment may be of different colors. The general health is not affected. Its course is chronic. Diagnosis is usually not difficult, though one form may simulate Addison's disease. It is not dangerous to life; its worst subjective feature is intense itching, particularly at night. Left to itself it spreads over the whole body, and the pigmentation is then permanent. It is all but incurable. *Med. Rev., March 3.*

MEDICATED GELATINE IN THE TREATMENT OF SKIN DISEASES.

Dr. Pick speaks highly of medicated gelatine in the local treatment of various skin diseases. It is a clean and convenient dressing, obviating the necessity of bandages or plaster to retain the application. After a bath the patient applies the gelatine, melted in a water bath, with a brush, and after it is dry paints over it a thin coat of glycerine. The latter prevents cracking and chipping off of the dried gelatine, and also keeps it flexible, so that the joint movements are not interfered with. The following is the mode of preparing the medicated gelatine: Dissolve fifty parts of gelatine in one hundred parts of distilled water in a water bath. Then add the medicament in the desired proportion, stirring constantly. Then set the mixture aside and, when cool, wrap in oiled paper. The patient is instructed to melt a piece of this gelatine cake in a saucer set in hot water and, when fluid, to apply

with a camel's hair pencil to the diseased surface. When it is desired to make a fresh application, the patient takes a warm bath and the old dressing is washed away.—*Allgem. Wiener Med. Zeitung.*—*Med. Record*, April 21.

DIAGNOSIS OF LUPUS.

By Dr. McCall Anderson, in *Medical Times and Gazette*:

Lupus Vulgaris.

1. Commences usually before the age of twenty-five, and often much earlier in life.

2. An indolent, painless affection.

3. Edges of patches, though often round and elevated, are soft.

4. Ulcers in most cases superficial, soft, throwing out profuse granulations, and edges often undermined.

5. The nose is the part of the face oftenest attacked.

Lupus Vulgaris.

1. Commences early in life, generally before twenty-five.

2. Often a history of hereditary tendency to strumous affections.

3. Oftenest met with on the face.

4. Ulceration has tendency to throw out profuse granulations, and edges often undermined.

5. Color of eruption yellowish red or violet.

6. Often of many years' duration.

7. Cured by the use of caustics and anti-strumous remedies.

8. Often other manifestations of the strumous diathesis.

Epithelioma.

1. Occurs usually in persons getting up in years.

2. Tingling and pain often lancinating in character, common.

3. Edges hard, everted, and often having a glistening, translucent appearance.

4. Ulcers oftener deep, hard, with uneven, finely granular appearance and exuding a sticky fluid, which gives a varnished appearance to the surface.

5. The nose is not more frequently involved than other parts of the face.

Late Manifestations of Syphilis.

1. Appears usually after the age of twenty-five.

2. History of Syphilis having been acquired.

3. On any part of the body, though often upon the face.

4. Ulceration as if cut out with a punch, and base ash-gray.

5. Color of eruption in the chronic stage usually coppery.

6. Chronic, though not nearly so much so.

7. Cured by mercury or iodine.

8. Generally other manifestations of syphilis.—*Louv. Med. News.*

TREATMENT OF ULCERS BY RAW MEAT.

Dr. R. Menger, of San Antonio, reports, in the *Texas Medical and Surgical Record*, the cure of two obstinate chronic ulcers which had resisted the usual treatments:

"In both of these cases I now tried the transplantation of raw meat as a substitute for epithelial transplantation, and the result was, to my surprise, very satisfactory. First the legs were well washed with carbolyzed water and soap, also the ulcer cleansed with warm carbolyzed water; then fresh meat, freed of all fibroid and tendrous tissue, was scraped off with a sharp knife and spread, in very thin layer, over the entire raw surface of the ulcer. After this the ulcer and entire lower extremity were bandaged with carbolyzed bandages, having previously covered the ulcer with absorbent cotton impregnated with fresh cod-liver oil. This was done every morning and renewed every evening. The remarkable result of this treatment was, that

in the evening and morning when the ulcers were re-dressed, every particle of transplanted meat was entirely absorbed, and the ulcers themselves gained healthier granulations, and their dimension was diminished. The efficiency and superiority of this treatment is based on the following facts: (1) It is very easy to apply, and a great deal easier to procure fresh, healthy, raw meat than epidermis. (2) The process of granulation is stimulated to a great extent, and the ulcer heals with a healthy and solid cicatrix on the edges. (3) The probability of inheriting morbid tissue is a great deal lessened.—*Louv. Med. News*, March 24.

ULCERS—PULV. CHLOR. POTASS.

Chlorate of potassium in fine powder has yielded excellent results when dusted on to the surface of Ulcers and ulcerating epitheliomata. The surface should be cleansed and the powder dusted thickly on, and twice a day. It relieves pain and promotes healing by changing the character of the morbid processes.—*Med. Rev.*, March 3.

PERCHLORIDE OF IRON IN SKIN DISEASE.

Dr. CARSARINI (*Rev. Clin. di Bologna*) gives the following results:

1. Perchloride of iron is a most efficacious remedy in purpura hæmorrhagica.
2. In the chloro-anæmia accompanying certain skin diseases—as rupia, eczema, impetigo, etc.
3. Its external use is very favorable in scrofulous and syphilitic ulcers.
4. Squamous affections are markedly modified by applications of a liniment of perchloride of iron.
5. It may be used as a lotion, dissolved in two or three parts of water, or as an ointment—one, two, or three grains of perchloride of iron to thirty grains of vaseline [cosmoline] or lard. The author has used it in psoriasis, in the form of a pomade—ten grains of iron, thirty grains of lard or glycerine.—*Virginia Med. Monthly*.

TREATMENT OF FAVUS.

Dr. CRAMOISY believes that he has found a simple and active remedy for favus without epilation.

He proposes pyroligneous acid as an agent capable of dissolving fat and penetrating to the follicle of the hair, only it is necessary to increase its parasitocidal properties. For this purpose the author added mercurial salt in order to obtain a form of the acetate of mercury, and some salicylic acid because of its having both disinfectant and parasitocidal properties.

The formula as applied is:

R. Pyroligneous acid, 1000; salicylic acid, 2. M. Red oxide of mercury, 1.

Cut short the hair, remove the crusts and spread the solution on the part affected with a camel's hair brush for three or four days.

When the skin becomes much inflamed the treatment is stopped and a cooling lotion applied.—*Archives de Therap.*—*Cin. Lan. and Clin.*

LICHEN RUBER.

Dr. P. G. UNNA, Humburg (*Mona schrift für praktische Dermatologie*) has cured thirteen cases of lichen ruber exudations by the use of the following ointment; no internal treatment: Ung. zinci. benzoat., twenty-five parts;

acid carbolic, one part; mercury bichloride, one-fortieth of a part. It may be necessary to double the proportion of the bichloride.—*Gaillard's M. J.*, March 17.

ECZEMA OF THE GENITALS.

DEVERGIE recommends: R. Alumin, 10–20 grams; aquæ, 500 grams.

Or the following: R. Hydrarg. chlorid. corrosiv., 10–20 grams; aquæ destillatæ, 500 grams.

In solution, applied three times a day.—*La France Medicale*.—*Drug News*.

PARASITIC DISEASES.

Prof. ELLENBERGER (*Archiv für Veterinarwissen*) speaks very highly of painting the skin with impermeable applications for parasitic diseases. He has used collodion, tolu in ether, rubber in chloroform etc. When the part is covered with these mixtures, the parasites, animal and vegetable alike, soon die. He has experimented with dogs and other animals and finds that they can stand from one-half to one-third of the body covered in this way.—*Can. Pract.*, April.

LEVIGATED SUBNITRATE OF BISMUTH IN VARICOSE ULCERS.

A writer in the *Journal de Medicine* (translated by N.O. *Medical and Surgical Journal*) extols subnitrate of bismuth as a dressing for the ill-conditioned sore of a varicose ulcer. Its action is more than that of a mechanical protection, the benefits following its use being most marked in cases in which it becomes black, the blackening being due to the formation of a sulphide with the gaseous emanations from the sore.—*Med. Age*.

WHITE PAINT IN ERYSIPELAS.

Mr. BARWELL (*Lancet*) has found white paint very efficacious in erysipelas. He reports three cases in which its application was followed by prompt relief of pain and swelling. He mixes carbonate of lead, after the usual manner, with linseed oil, a little turpentine being added as a dryer, and applies freely to the inflamed surface. The remedy probably acts by occlusion of air after the same manner that it does with so much benefit in burns.—*Med. Age*, April 25.

SASSAFRAS IN RHUS POISONING.

Dr. R. L. HINTON claims that sassafras tea is almost a specific for the rash produced by poison oak. This is an infusion of the bark of the red sassafras. The diseased parts are covered with compresses soaked in the cold infusion, while internally there is administered the infusion warmed, sugared, and with milk, according to the taste.—*Med. Record*, April 14.

PIMPLES.—SULPHURATED CAMPHOR LOTION.

The use of a formula of this description is often indicated in skin diseases, especially in pimples on the face. The following combination of M. Vigier's is much used in the Hôpital Saint Louis:

R. Aquæ rosæ, 250 gm; spt, camphoræ, 30 gm; sulphur. præcipitat., 20 gm; pulv. acaciæ, 8 gm.

M. Secundum artem.—*Med. Times*, March 10.

MIDWIFERY.

AND DISEASES OF WOMEN AND CHILDREN.

PREGNANCY NEPHRITIS.

Pregnancy nephritis is a disease of such rare occurrence that, according to Dr. Reginald Southey (*London Lancet*), a physician may follow his profession for years without meeting with a case. It is a disease, he says, unaccompanied by any symptoms attracting serious attention, until its presence is made known by a rapid anasarca, sudden convulsions, uræmia or cerebral disturbance. He divides the nephritis of pregnancy into three varieties, differing in their symptoms, causes and issue. The distinction in their prognosis he regards as very important. These varieties are: eclampsia parturientium, a succession of epileptic convulsions happening at the time of labor; chronic Bright's disease complicated with pregnancy and becoming more dangerous while that condition lasts; and pregnancy nephritis proper, which, he says, is a cortical, glandular nephritis, an acute change in the nutrition of the epithelium of the kidney, and which may occur in the third month, but more frequently in the sixth, and which may be accompanied by all the symptoms of the other varieties and sometimes even by death, but which usually ends suddenly with miscarriage and entire recovery. As to the etiology of the disease, he says, it may possibly be due to pressure on the neck of the bladder, whereby increased pressure of the urine in ureters, the pelvis of the kidney and tubuli uriniferi is produced, and in favor of that view are the following facts: That it occurs usually only in the latter months of pregnancy; that primiparæ are more liable to it than multiparæ; that it is almost peculiar to twin pregnancies; and that the anasarca and albuminuria quickly pass off. He does not believe that any lasting injury is done to the kidney, but that it is, at the beginning, a functional trouble principally. The prognosis is good for first pregnancies, but after that the nephritis lasts a longer time with each pregnancy, and after delivery is more likely to pass into the chronic form. In pregnancy nephritis, he says premature labor should be brought on as soon as possible.—*Med. Review*.

TREATMENT OF PLACENTA PREVIA.

Supported by an experience of forty-six cases of placenta previa, HOFMEIER advocates early interference. As soon as pains begin, resort to version, according to the method of Braxton Hicks, and not lose time with the tampon, which latter does not always stop the hemorrhage and further increases the danger of infection. In case of placenta previa centralis, where the cervix still remains and the os externum is narrow, the author advises, in the event of profuse hemorrhage, the perforation of the placenta and an attempt at delivery of one foot. During extraction, which must necessarily be very slow, ergot is administered. Post partum, the uterus must be washed out with a five per cent. solution acid. carbol. His results are good. In forty-six cases he counts only five deaths.—*Zeitschr. f. Geo. and Gyn.—Therap. Gaz.*

ELECTRICITY IN EXTRA-UTERINE PREGNANCY.

In the *N. Y. Med. Record*, Dr. A. D. ROCKWELL records seven cases of extra-uterine pregnancy that were successfully treated by destroying the life of the foetus at an early period, with electricity. The cases occurred in the practice of Drs. Thomas, Emmet, Marion Sims, and others, of New York. The constant current was used with one pole introduced to the mass through the vagina, the other over the tumor, externally. The maximum current strength employed was 18 cells, or a power of 24 volts. In all of the cases recorded, the foetus was effectually destroyed, the tumor diminished in size, and the patient made a good recovery.—*Can. Lancet*, Mar.

INDUCED PREMATURE LABOR NECESSITATED BY GREAT ŒDEMA OF THE LABIA MINORA.

Dr. D. F. WILLARD reported this case to the Obst. Soc., Phila.—The patient, probably over forty years of age, had been married about one year, and was pregnant with her first child. She suffered from headache, her feet and eyelids were swollen, and her urine showed one-sixth albumen and contained casts and blood corpuscles. Basham's mixture, diuretics of every kind, diaphoretics, hot-air-baths, hydragogue cathartics, and tonics, were used without a satisfactory result. Digitalis infusion and jaborandi alone gave a very temporary relief. The patient soon after her first visit called attention to the condition of the labia minora, which were found to be enormously swollen, shining, tense, and pitting on pressure. The urine amounted to from fifteen to thirty ounces per day, and steadily decreased in quantity. The œdema of other portions of the body decreased under the use of digitalis, but that of the labia increased. The patient could lie only upon her back, with the knees drawn up and as widely extended as possible; the pain was great and constant. Lancet punctures were made with temporary relief. The patient was steadily failing, her pulse was 150 a minute. An erysipelatous blush made its appearance, and rapidly spread to the abdomen and thighs. Premature extraction of the child offered the only chance, and was at once performed. Gestation had reached eight months. It was a difficult task, as the labia were five inches in depth. Barnes' dilators and the Hodge forceps were used, and delivery accomplished in two hours. The child was dead, and the mother died three hours later.—*Med. and Surg. Rep.*, Mar. 31.

INDUCTION OF PREMATURE LABOR FOR THE RELIEF OF SUPPRESSION OF URINE.

Dr. B. F. BAER narrated the history of this case to the Obstetrical Society of Philadelphia. The case occurred in the practice of Drs. Marcy and Mecray, of Cape May, N. J. About the sixth month of pregnancy, a general œdema was noticed, and the urine contained considerable albumen and a few casts. The amount of urine passed diminished rapidly, while the proportion of albumen increased and the patient became weak and anæmic. Every means was tried to increase the quantity of urine, but without avail. Among the remedies used were a wide range of diuretics and hydragogue cathartics with Basham's mixture. A sudden suppression of urine occurred at eight months, and but four ounces were passed in forty-eight hours; this became solid when heated; headache and spots before the eyes were now added to the other symptoms; a grumous discharge from the uterus had been noticed for a week, and convulsions seemed threatening. Dr. Baer was called in consultation, and he agreed with them as to the advisability of inducing premature labor. A No. 9 flexible catheter was warmed and softened, and was, after great difficulty, introduced between the membranes and the anterior wall of the uterus. The cervix uteri had been

lacerated in a previous labor, and was hard and small. Pains of a natural character followed immediately upon the introduction of the catheter. After some hours the pulse became weak and the patient faint; the os was but slightly opened, and it was considered advisable to administer stimulants and use Barnes' dilators and the Hodge forceps; a dead child was speedily extracted. The latter had been alive in the morning. Four hours after delivery, urine was secreted, and in two days the albumen had entirely disappeared. The patient recovered.—*Med. Times, Mar. 24.*

ASAFŒTIDA IN THE TREATMENT OF ABORTION.

In the *Journal de Medecine de Paris* of December 16, 1882, are collected the results obtained by several observers in the prevention of abortion and premature labor by asafœtida. Dr. Laferla, acting upon the theory that the death of the foetus was owing to an asthenic condition of the uterus, administered the drug in a number of instances. In nearly ninety per cent. of the cases so treated, the patients (who had aborted from two to five times in former pregnancies) went on to full term. Drs. Giordano and Carzani announce equally favorable results, though the number of their cases was smaller. The latter prescribes the drug in pill form in doses of one and a half grain twice a day, gradually increased to twelve grains per diem. Dr. Gourgnès recommends the administration of asafœtida, in emulsion with the yolk of an egg, by the rectum.—*Med. Record, Mar. 24.*

INTRA-UTERINE STRANGULATION OF A FŒTUS BY ITS OWN UMBILICAL CORD

In the *Centralblatt für Gynäkologie*, January 20, 1883, Dr. E. FRAENKEL reports the case of a woman who was delivered of twins, one living, and the other dead and in a macerated condition, the death evidently having been produced by compression of the umbilical cord, which was twisted five times tightly around its neck and separated from its placenta.—*Med. News.*

ABDOMINAL SECTION FOR PUERPERAL PERITONITIS.

In a recent number of the *Wratsch*, Dr. MOLODENKOFF, of Moscow, describes the case of a woman, aged 28, who was admitted into hospital ten days after delivery, for diarrhœa, fever, and swelling of the hypogastrium. Ten days later, the abdomen was much distended, and on exploratory puncture purulent fluid was obtained. On the next day, an incision was made along the linea alba, and a great quantity of pus emptied out of a circumscribed cavity formed between the abdominal wall and adherent coils of intestine. To facilitate thorough drainage, a second opening was made immediately above the symphysis; and after tubes were inserted into the wounds, the whole was covered in with antiseptic dressings. On the next day symptoms of carbolic poisoning appeared. Much pus escaped, great prostration set in, and the patient rapidly lost strength, dying on the fourth day after operation. At the necropsy, ten smaller circumscribed collections of pus were found between coils of intestine, inaccessible to the drainage tubes, as they had been arranged, besides the large cavity that had been effectually drained. The mucous membrane and peritoneal covering of the uterus and the ovaries were acutely inflamed. Dr. Molodenkoff concludes, from his personal experience in this case, that abdominal section and washing out of the peritoneum, with subsequent drainage, is not justifiable in cases of purulent peritonitis. Last year, Dr. A. Schmidt described, in the same Russian paper, a successful case of what he considered to be laparotomy and clearing out of an intraperitoneal collection of pus; but Molodenkoff believes that an abscess in the abdominal walls only was emptied, and that the

peritoneal cavity was never opened. In the *Deutsche Medicinische Zeitung*, this point is disputed. There appears, according to that journal, to have been no doubt that Dr. Schmidt opened the peritoneal cavity; but, it is pointed out, this was a case of very chronic purulent peritonitis of half a year's duration, whilst Molodenkoff's patient was suffering from an acute puerperal complication. There can be no doubt as to which proceeding was the most justifiable—*Brit. Med. Jour.*—*Med. News*, Mar. 3.

PUERPERAL DIABETES.

A paper by Dr. MATTHEWS DUNCAN was read before the Obstetrical Society of London, the author pointing out the distinction between the slight glycosuria of pregnant and suckling women and real diabetes, with its polyuria and large amounts of sugar. Physicians and surgeons were well aware of the dangers introduced into their cases by complication with diabetes. But the subject of diabetes complicating pregnancy and parturition had attracted almost no attention, and this probably arose from its rarity, which might be accounted for by the disease frequently destroying in women the sexual energies, as it is said to do in man. The author had collected twenty-two cases in fifteen women, and they demonstrated the great gravity of the complication, as respects both mother and child. Of the twenty-two pregnancies (including those ending prematurely), four had a fatal result soon after delivery. In seven of nineteen pregnancies in fourteen women, the child, after reaching a viable age, died during pregnancy. In two the child was born feeble, and died in a few hours, making an unsuccessful issue in nine of nineteen pregnancies. The histories showed that diabetes may intervene on pregnancy; that it may occur only during pregnancy, being absent at other times; that it may cease with the cessation of pregnancy; that it may come on after parturition; that it may not come on in a pregnancy occurring after its cure. They showed that pregnancy may occur in a diabetic woman; that it may be not appreciably affected in its natural progress and termination by the disease; that it is very liable to be interrupted by death of the foetus.—*Lancet.*—*Med. Times*, Mar. 24.

EPITHELIUM OF THE CERVIX REMOVED DURING PREGNANCY WITHOUT CAUSING ABORTION.

At the meeting of the Obstetrical Society of London an account of this case was read by Dr. Godson. The patient, aged 35, had suffered for twelve months from the yellow or watery fetid discharge, latterly from hemorrhage and occasional pain. Till then she had been healthy. The cervix was enlarged and ulcerated; the uterus was mobile. The cervix was removed by the *écraseur* four days after the cessation of hemorrhage believed by the patient to be menstrual; no bad symptoms followed. Nine days after the operation a sound was passed into the uterus, and four days after this a foetus of about eight weeks' development was expelled. The author remarked that he believed the abortion was due to the use of the sound, and not to the operation. He advocated the removal of cancerous growths, if possible, at any stage of pregnancy. His case supported the view that cancer favored the occurrence of pregnancy, the patient not having been pregnant for six years previously. He remarked on the patient's previous good health, the late onset of pain, and the importance of not pulling down the cervix when using the *écraseur*.—*The Lancet.*—*Med. News*, Mar. 17.

UTERINE CERVICAL AMPUTATION IN PREGNANCY.

Dr. PAUL F. MUNDÉ (*American Journal of Obstetrics*,) reports having removed by means of the actual cautery the epitheliomatous cervix of a multi-

para four months pregnant. The pregnancy was unknown at the time of the operation but was still progressing favorably at the eighth month, at which time the patient was last heard from. As Verneuil has shown, operations and accidents during pregnancy are by no means so generally followed by abortion as would be thought at first sight. Lawson Tait has ovariectomized six pregnancies, of whom five recovered without abortion and the sixth after aborting.—*Gaillard's Med. Jour.*

EFFECTS OF THE ENTRANCE OF AIR INTO THE UTERINE VEINS.

Authorities differ greatly in opinion as to the precise mode in which life is destroyed by air entering the veins; but the danger arising from this accident is well recognized by the profession. A number of cases have been reported where air has entered the uterine veins as a result of attempted abortion by the use of a novel means. This consists in pumping air into the uterus with a Davidson's syringe. Because of the danger attending this procedure, and the fact that it seems to be growing in frequency, the subject becomes one of some serious importance to the physician. In the *Practitioner* for February, 1883, two cases of the kind are placed upon record by Dr. Geo. R. Welchans, of Lancaster, Pa. The first is that of a woman in the sixth month of her third pregnancy, in perfect health, but with spirits much depressed in consequence of her unwished-for pregnant condition. Her husband, hearing the sound of a heavy body falling on the floor above, hastened up the stairs to find his wife lying in an unconscious condition on the bed-room floor. The skin of the neck and face were cyanosed from venous congestion, frothy mucus exuded from her mouth, and life was extinct. She was in her night-clothes, and by her side, upon the floor, lay the syringe by which the fatal deed was done. Her death was attributed to the air which it is said had been, doubtless, pumped between the uterine wall and the deciduous membrane, which, after the separation of the membrane from the wall, entered the uterine veins and produced death.

In the second case the husband of the woman likewise found his wife lying in an unconscious condition upon the floor of her bed-room. He placed her on the bed and summoned the writer. Upon his arrival, he found the surface of her body cold and clammy and ashy pale; her pulse was exceedingly rapid and feeble, and every symptom of profound shock was present. Reaction was established with difficulty, and she made the following confession: She was in the fourth month of pregnancy. It being at the time very undesirable to have an addition to the family, she determined to rid herself of the products of conception. A lady friend informed her that a perfectly safe and easy plan for accomplishing this object consisted in passing the long tube of a syringe into the womb, and then pumping air into the cavity. This she did, and, while thus engaged, grew suddenly very sick and fainted.

The author is of the opinion that in the latter case the dangerous condition was one of shock, and had a fatal result occurred, the death would have been from this cause. In the former case, he attributed the death as the result of over-distension and cardiac paralysis from the effects of air in the right side of the heart.—*Med. Bulletin, April.*

VOMITING OF PREGNANCY.

The following drugs have been recommended for this distressing symptom, which we here arrange alphabetically rather than in the order of their relative importance:—

Arsenic, in the form of Fowler's solution, in drop doses, given before meals, is often of great advantage.

Atropia has been highly recommended for the vomiting of pregnancy, in the dose of $\frac{1}{12}$ of a grain, injected subcutaneously in the epigastric region.

It is said to arrest it promptly and permanently after other remedies have failed.

Bismuth, subnitrate, in ten-grain doses, combined with $\frac{1}{4}$ grain carbolic acid, mixed with a suitable adjuvant, to be taken three or four times daily.

Calumba, in tincture, dose 5 to 10 drops: in infusion, dose, teaspoonful.

Cerium, oxalate, dose 2 to 5 grains. Usually the best effects are produced after several days' use.—Sir James Simpson.

Champagne, tablespoonful doses with ice, every fifteen minutes.

Chloral hydrate, with bromide of potassium, 10 grains of each at night when the symptom first develops.—W. C. Burke.

Copper, sulphate, $\frac{1}{8}$ grain three times daily.

Hydrocyanic acid, dilute, three-drop doses once in four hours.

Iodine, tincture, drop doses every hour or two.

Nux vomica, tincture, drop doses every hour or two.

Pepsin, five to ten-grain doses.—*Med. Bulletin*, April.

HYDATIDIFORM DISEASE OF THE CHORION.

Dr. STEPHENS writes to the *British Medical Journal* as follows: "On September 7th, I was sent for by a midwife to attend Mrs. C——, who was flooding. On my arrival, the hemorrhage had stopped. On making an examination, the uterine sheath was not sufficiently dilated to be able to ascertain its contents. On passing my hand over the abdomen, I remarked to the midwife how unusually circular it was. On the following afternoon, I was again hastily summoned, and found the woman had lost much blood. On making an examination, I found that, by a little manœuvring, I could insert my hand into the uterus; and I vividly remember how astonished the midwife and Mrs. C—— looked, when I informed them that it contained no child. In fact, the patient stoutly declared that she had felt the child many times; and that, being the mother of thirteen children, all living, she ought not to have been mistaken. After administering a full dose of ergot, some sharp uterine pains followed, soon expelling a mass, which, when collected, filled three ordinary sized chamber-utensils. After this jelly-like mass had been expelled, she made an uninterrupted recovery."—*Med. Record*, Mar. 3.

PARTURITION IN PRIMIPARÆ OF ADVANCED YEARS.

MANGIAGALLI has advanced the opinion that the difficult labors usually observed in primiparæ of advanced years are due to some physical defect independent of the age of the patient. The women are deformed, and on this account marry late in life; but had they married earlier the same difficulties in parturition would have been encountered. In order to test this theory Dr. Rumpe has examined the records of one hundred primiparæ, over thirty years of age, at the Marburg Clinic. His investigations lead him to reject Mangiagalli's views. He concludes that the difficult child-birth in such cases is due to two causes—sluggish pains and rigidity of the soft parts. Another cause he finds in the relative frequency of male births in these cases. Out of the 100 mothers, 8 died. The mortality among the children was also greater than in the first labors of younger women.—*Archiv. für Gynäkologie*.—*Med. Record*, Mar. 3.

DANGEROUS HEMORRHAGE FROM EXTERNAL GENITALS DURING LABOR.

Dr. PETER YOUNG calls attention, in the *Med. Press*, to a case in which there was persistent bleeding after the delivery of both child and placenta. Notwithstanding the vigorous application of the usual restoratives, the woman died in a few minutes, and before arrangements could be made to perform transfusion.

On post-mortem examination the source of bleeding was found to be a tear at the upper margin of the vulvar orifice, extending from the left side of the urethra up toward the clitoris. Numerous venous sinuses and two or three small arteries were lacerated.—*Med. and Surg. Rep.*, April 7.

DISEASES OF WOMEN.

STERILITY AND STENOSIS.

In a recent clinical lecture, Dr. GOODELL, speaking of a case of antelection with stenosis causing dysmenorrhœa and sterility, says:

“From my observation I should say that marriage is poison to a woman unless she has children. Nature intended that the womb should by pregnancy have a respite from the monthly congestion of the menses. At the end of nine months the woman gives birth to a child and suckles it, and this also gives rest to the womb. If now there is a stenosis of the cervical canal, she cannot become pregnant; the congestion grows worse at each period, and finally becomes continuous and pathological. Marriage adds to this chronic condition the congestions resulting from the marital relations, as coition, etc., and things go on from bad to worse, until the woman may at last become a confirmed invalid.”

His treatment of the stenosis was by rapid dilatation, which he strongly recommends as against a cutting operation. With the exception of two cases in which the os was torn (not, however, with any ill results,) he has never had any accident in one hundred and thirty recorded cases of dilatation, while he lost a patient from the cutting operation, and believes that many women have died from that treatment.—*Gaillard's Med. Jour.*

DISEASES OF THE FALLOPIAN TUBES.

Dr. THOMAS SAVAGE directs attention in the *Birmingham Medical Review*, to the comparative frequency of pyosalpinx as a cause of recurrent attacks of pelvic inflammation. He believes that many cases of supposed pelvic cellulitis hitherto regarded as incurable, really come under the head of inflammation of the Fallopian tubes. Such cases he holds to be often curable by operation. Among other causes, he thinks that gonorrhœa may play an important part in the production of Fallopian tube diseases, and in this respect he agrees fully with Dr. Noeggerath, of whose previous publication he seems, however, quite ignorant. The first effect of inflammation seems to be to seal up both ends of the product, giving rise subsequently to an accumulation of serum or pus. In cases of hydrosalpinx the fluid may be absorbed, but this result, Savage thinks, is seldom, if ever, obtained when pus is present. Now, in all such cases temporizing is not only useless, but positively harmful.

The diagnosis of disease of the Fallopian tube is, to some extent, presumptive. There will be found a small tumor in the position of the tube on one or both sides of the uterus, or, if larger, it may be felt almost wholly in Douglas' space. In the acute forms the parts around the uterus may be felt to be boggy, with more or less fixation of that organ. In the more chronic forms, the uterus may be quite free and mobile. In some cases there is nothing to be felt in the pelvis, and the diagnosis based upon the presence of more or less constant pain and recurring attacks of inflammation. In performing abdominal section for the removal of these tumors, the author recommends that the incision be about two inches in length, or just large enough to admit two fingers. If the tumor be too large to permit of its extraction through this short opening, it is a good plan to aspirate it. If any fluid escape into the abdominal cavity, it is not necessary to wash out the pelvis, but dry sponging should be thoroughly practised. If no pus or blood

have escaped into the peritoneal cavity, the wound should be closed completely, otherwise a glass drainage-tube is to be inserted. Both Fallopian tubes should be removed, even though one be apparently healthy, as the probability is that the normal one would sooner or later become affected in the same way as its fellow. Dr. Savage formerly insisted strongly upon the use of the spray in all abdominal operations. But he has now discontinued its use, believing that increased operative experience and extreme cleanliness are the two main factors which contribute to successful practice.—*Med. Record*, March 24.

RAPID DILATATION OF THE CERVIX UTERI.

In a paper read before a recent meeting of the Medical Society of the County of Kings, Dr. John Ball called attention to a report submitted by him in 1873, in which was contained some quite remarkable results in stricture, chronic endo-cervicitis, conical cervix, flexions, sterility, etc., by rapid dilatation of the cervix. He now reports that in the interim of ten years his experience has confirmed him in the views then expressed. In the treatment of such cases, rapid dilatation has entirely superseded tents, the knife, scissors, curette, etc., in his practice. He reports additional cases of dysmenorrhœa, chronic cervical endometritis, menorrhagia and metrorrhagia, in which this method of relief was resorted to with very remarkable success. The operation is performed under an anæsthetic. The dilator having been carefully introduced, is operated by means of a screw, and the canal divulged in all directions to the extent of the capacity of the instrument. The pessary is then introduced and kept in position for a week, the patient being kept on her back the while. Dr. Ball considers his plan quite as safe as any other successful method.—*Med. Age*, April 25.

WHAT IS THE PROPER MANAGEMENT OF THE BOWELS AFTER PERINEORRHAPHY?

Dr. WM. GOODELL, of Philadelphia (*Amer. Jour. Obstet.*, March, 1883,) has recently had his attention called to the question of the advisability of keeping the bowels constipated after perineorrhaphy by the case of an insane woman, upon whom he has recently operated, for the relief of lacerated perineum. The patient's insanity commenced after labor, and was probably due to a complete laceration of the perineum, extending two inches up the rectum. It has always been his habit to prevent any action of the bowels during the first week after the operation. This patient, soon after coming out from the influence of the anæsthetic, tore off the bandage from her knees, removed the catheter, and by severe straining efforts secured a movement of the bowels. As she could not be controlled, laxatives were given to secure liquid stools and avoid straining. The patient walked freely about the ward from the day of operation. A failure of the operation was expected under the circumstances, but on removing the sutures it was found that in the rectal portion, and the important part of the perineum, union had taken place. Dr. Goodell intends to try the effects of laxatives in future cases.

Dr. R. P. Harris has reported the case of a woman, who, by straining efforts at defecation, defeated the operation of perineorrhaphy. In a second operation on the same patient, the bowels were kept free, and union was perfect.

Dr. E. E. Montgomery, after operating for lacerated perineum, does not use a catheter, but allows the patient to pass her water, as he does not consider healthy urine disadvantageous for a wound. He also uses compound liquorice powder to keep the stools liquid. He claims good success in both primary and secondary operations.—*Mil. Med. Jour.*, April 1.

THE PERITONEAL UTERINE SUTURE IN CÆSARIAN SECTION.

The great drawback to success in Cæsarian section has always been the gaping of the uterine wound, allowing the lochial and other discharges access to the peritoneum.

With a view to obviate this danger, the *Med. Times and Gaz.* tells us that Dr. Leopold, of Leipzig, describes a successful case of Cæsarian section in which he adopted a new method of suture. "This method was, in principle, suggested to him by Säger—a paper by whom, 'in defence of the classical Cæsarian section,' appears in the same number. Säger's paper is largely devoted to criticising the suggestions of Kehrer, which we noticed in our number of October 14, 1882. The method of suture adopted by Leopold is based on the principle upon which ovariologists act, and at which Mr. Spencer Wells arrived by those few experiments upon animals for which he has been so much abused in anti-vivisection pamphlets, and has so needlessly defended himself. That principle is the bringing together, in closing abdominal wounds, surfaces of peritoneum. To do this in closing the uterine wound, Dr. Leopold dissected up the peritoneum bounding the wound from the muscular tissue underneath to the extent of about one-fifth of an inch at the upper and lower angles, and rather more than one-third of an inch along the sides. Then he cut away the whole thickness of muscular tissue from which the peritoneum had been thus stripped. The freed peritoneum was then turned inward so that it covered the edges of the wound, and was united with carbolized silk sutures, so that the surfaces of introverted peritoneum were brought into contract. The patient, as we have said, did well. One successful case, of course, proves little; but, as an attempt to solve a difficult problem, this seems to us worth notice."—*Med. and Surg. Rep.*, April 28.

SUPPURATIVE PERITONITIS.—ABDOMINAL SECTION.

Abdominal section was performed by Dr. W. S. PLAYFAIR (*British Med. Jour.*), in a case of puerperal peritonitis, after repeated aspirations, the whole amount of fluid evacuated in this manner being two hundred and twenty ounces, nearly all of which was pus. An incision about two inches in length was made in the linea alba, beginning an inch below the umbilicus, and a large India-rubber drainage-tube inserted, strict antiseptic precautions being observed. The temperature, which had been high, immediately fell to normal, and the patient progressed favorably for a little more than a fortnight, when there was a fresh attack of peritonitis, which however subsided in a few days. After this, recovery, though slow, was good. The internal remedies employed were quinine, opium and stimulants.—*Med. Record*, March 31.

CALCAREOUS PARTICLES PASSED PER VAGINAM.

Dr. W. GOODELL exhibited some calculi to the Obstetrical Society of Philadelphia.

The previous history of the patient had been that of menorrhagia, and multiple fibroids were found in the womb. One of these fibroids had evidently taken on calcareous degeneration, and had subsequently broken down and discharged these fragments into the uterine cavity. He stated that these particles were not true bone, but merely the product of a disorderly deposit of lime, which possessed none of the osseous elements, not even cartilage-corpuscles. This calcareous degeneration tends to cure the disease by breaking off the vascular filaments of attachment and lessening the nutrition of the fibroid. In one instance, the specimen of which is now in the museum of the University of Pennsylvania, he had seen three fibroids wholly con-

verted into stone. These stones were, however, very light, and not like those of the bladder. It was the expulsion per vaginam of these uterine calculi which had greatly puzzled the older anatomists.—*Med. Times, April 21.*

GYNECOLOGICAL POINTS.

The following points are culled from the lectures of Prof. W. GOODELL, in the University Hospital: Dr. Goodell does not operate in laceration of the cervix, if the sides of tear are in apposition—that is, lie parallel and are not turned up. In erosion of the cervix he recommends the local application of collodion in which iodine has been dissolved, or the strong tincture of iodine may be used. In carcinoma of the uterus Dr. Goodell applies locally the tampon soaked in a glycerole, and gives constitutionally ten drops of Fowler's solution before meals for the cancerous cachexia and twenty drops fl. ext. ergot several times a day to prevent too much bleeding. After every operation on the uterus Dr. Goodell applies a tampon, cup-shaped, in which glycerine is poured. He also instructs the patient how to do this. Dr. Goodell's favorite local applications for endometritis and other similar affections of the uterus are: 1. A mixture of one ounce each of iodine, chloral, and carbolic acid. 2. One drachm of pure carbolic acid to one ounce of glycerine. 3. A saturated compound tincture of iodine. 4. A solution of nitrate of silver of one drachm to the ounce.—*Can. Lancet, Mar.*

NEURALGIC METRORRHAGIA.

Uterine hemorrhage, occurring in connection with lumbo-abdominal neuralgia, is a condition which is pretty generally recognized, and one for which treatment is, as a rule, unsatisfactory. A writer in the *Revue Méd. Chir. des Mal. des Femmes* claims to have employed with success the tincture of aconite in repeated doses. The only indication for its use is the establishment of a relation between the neuralgic exacerbations and the return of hemorrhage. Even in cases depending upon actual lesion of the uterus, the writer asserts that we can always retain a favorable remission, if not a permanent cure. The tincture is given in drop doses, in a teaspoonful of water, every fifteen minutes, for six hours. No food is to be taken in the meanwhile. On the following day, if the symptoms are ameliorated, the aconite may be repeated in the same dose. If there is no improvement the dose is to be doubled. The maximum daily dose necessary to arrest the hemorrhage is said never to exceed forty-five to fifty drops. But this is an amount of aconite that might give rise to serious symptoms, and the effects of the drug should be very carefully watched.—*Med. Record, April 21.*

METRITIS.—THE CAUSE OF THE PAIN IN DYSMENORRHOEA.

SCHULZE, Professor of Gynecology at Jena, in his recently published work on the Pathology and Therapeutics of Displacements of the Uterus, says it is easy to demonstrate, by inserting a sound when the pains are at a climax, that there is not one drop of blood present in the uterine cavity. Indeed, the real cause of dysmenorrhœa is not stenosis but metritis.—*Can. Pract.*

UTERO-OVARIAN DISEASE IN INSANE WOMEN.

Dr. MARGARET A. CLEAVES, physician to the female department of the State Lunatic Asylum at Harrisburg, thus writes in her annual report: "Briefly formulated, my conclusions are that a large proportion of women in insane hospitals have some form or another of utero-ovarian disease; that

many of those under treatment make marked mental and physical improvement coincidentally with the improved local condition, that in a majority of cases, however, this improvement, owing doubtless to the long standing of the combined physical and mental disorder, only reaches a certain point, beyond which it seems impossible to make further gain.—*Med. and Surg. Rep.*, April 28.

CAUTERIZATION OF THE CLITORIS IN HYSTERIA.

The late Professor FRIEDREICH shortly before his death had prepared a paper, which has since been published, on this subject. In many cases of obstinate and hysterical affections he has found that cauterization of the clitoris by nitrate of silver has had the most beneficial effects. The cauterization must be severe, as slight superficial cauterization tends rather to aggravate the disease. The pain is at first severe, and during it the patient must remain in bed. Among the cases which he gives as cured with extreme rapidity by this method are—one of paraplegia, which had lasted for a year and a half; hysterical aphonia, lasting for two years; glossoplegia, lasting for four months; tonic spasm of the spinal accessory, lasting for seven months; and several cases of general severe hysterical convulsions.—*Virchow's Archiv.*—*Med. Times*, April 21.

IODIDE OF LEAD OINTMENT IN MASTITIS.

Belladonna has long been the standard application, in the form of an ointment, in inflammation of the mammary glands due to hypersecretion or deficient withdrawal of milk in the case of the puerperal woman. Few practitioners, however, but have been disappointed in its use, and the application which shall prevent the troublesome complication of mammary abscess is still a desideratum. Dr. Thos. T. Gaunt recommends (*American Journal of Obstetrics*) the employment of iodide of lead ointment, having found it satisfactory in his own practice. After a thorough drying of the breast he rubs in gently with the ointment until a considerable portion is absorbed. He then saturates a piece of sheet lint with a solution of 3 ij to ℥ ss to the pint, of acetate of lead, with which he covers the breast. If there be much pain the ice-bladder may be applied over the lint, which should be frequently dipped in the lead lotion. The breast should be emptied as completely as possible, assisted by gentle rubbing every four hours.—*Med. Age*.

BAER'S TONIC IN DISEASES OF FEMALES.

The following is Dr. BAER's favorite tonic for diseases of women: R. Corrosive sublimate, gr. j; tr. iron muriate, 3 iv; acid hydrochloric, 3 iv; solution chloride arsenic, 3 j; syrup, fl. ℥ ijss; water, q. s., fl. ℥ vj. M. Sig. Two teaspoonfuls three times a day after meals.

If this prescription does not agree with the patient, Dr. Baer prescribes a compressed pill of chloride of ammonium. Dr. Baer lauds these chlorides very highly, and they do no doubt merit a trial at the hands of the profession.—*Med. Herald*.

CASE OF OVARIOTOMY IN WHICH THE EXPANDED BLADDER WAS WOUNDED.

Dr. WALTER F. ATLEE reports, in the *American Journal of the Medical Sciences*, a case in which ovariectomy was performed in a woman, aged fifty-six years, in whom the bladder was accidentally opened. In order to close the tear in the bladder, a large gum catheter was passed through the urethra and then into the orifice, and after an assistant had taken a firm hold of the bladder between the thumb and forefinger on each side, it was withdrawn.

The edges of the tear in the bladder were then pushed in and invaginated. A thick plaited silk thread was chosen, having a needle at each end; one needle was passed directly from before backward through the walls of the bladder on one side, about one-quarter inch from the tear, and the other in a like manner on the other side, and then the thread was tied very firmly and cut off close to the knot. After cleaning carefully the abdominal cavity of urine, blood, and cystic contents, the wound in its walls was sewed up and the usual dressings applied. Recovery took place.—*Gaillard's Med. Jour.*

ERGOTINE SUPPOSITORIES.

M. LIEBRECHT, of Liège, has found that ergotine administered in this way is very rapidly absorbed, its action is energetic, and it provokes no pain. With smaller doses than are usually employed in hypodermic injections, equal or even superior effects are obtained.

The following formula is serviceable: *R.* Dialyzed ergotine, 1½ grams; ol. theobromæ, 1½ grams; vaselinæ, ½ gram. *M.*

For one suppository, three may be applied weekly. The uterine affections, in which injections and suppositories of ergotine are of benefit, are: Fibroids, menorrhagia, metrorrhagia after labor, at the period of the change of life, or when tumors are present; finally in chronic metritis and endometritis. For hypodermic injection, M. Liebrecht uses exclusively pure dialyzed ergotine.—*Med. and Surg. Rep.*, March 8.

MENSTRUATING IN OLD AGE.

Menstruation is sometimes continued until quite late in life. Dr. W. S. HIGGINS reports the case of a woman seventy-six years old, who is in the enjoyment of good health and menstruates regularly, the flow being preceded by the same kind of feelings that she had when it was first established at the age of eighteen years.—*Med. Record*, Mar. 10.

MENOPAUSE.

Flatulence and fluttering or palpitation at the pit of the stomach, which are often so distressing to women at the menopause, are relieved, Dr. A. A. Smith asserts (*N. Y. Med. Jour.*), by doses of one-fiftieth of a grain of the extract of calabar bean repeated every half-hour for six or eight doses.—*Med. Rev.*, April 7.

DISEASES OF CHILDREN.

SYPHILITIC HEPATITIS IN CHILDREN.

Dr. HUGO ENGEL reports the case of a girl ten years of age, who, from the symptoms before and their disappearance after syphilitic treatment, he supposed to be a case of retarded hereditary syphilis represented by a syphilitic hepatitis. He also speaks of another case occurring in a girl seven years of age. Both cases recovered entirely; the ascites, enlarged liver and spleen, and dyspeptic symptoms disappeared, and have not returned. Dr. Engel then discusses the pathology of the disease, and speaks of the difficulty of diagnosis in childhood, arising often from their being no history of syphilis which can be ascertained. Dr. Seiler considers the essential points in the diagnosis of syphilitic hepatitis in children: (1.) A history of the case like this, the child having been for some time occasionally unwell without any

special known ailment. (2.) The peculiar color of the skin and the somewhat cachetic appearance of a child who otherwise seems to be in good health. (3.) Ascites with the following peculiarities: (a.) Its gradual development and the absence of any of the usual causes; no tubercular peritonitis, no cancer, etc. (b.) Absence of pain, almost no tenderness, and no hæmorrhage from either nose, stomach, or intestines. (c.) After paracentesis liver very much enlarged, smooth margin, and hypertrophied spleen. (4.) The accompanying dyspepsia, but entire absence of any other symptoms. (5.) The success of the antisyphilitic treatment, which, while it may do good in other cases, would never be so rapidly successful, and not go hand in hand with such apparent improvement of the general health of the child. (6.) The peculiar fact that all cases of diffused hepatitis due to hereditary syphilis so far reported happened in girls.—*Boston Med. and Surg. Jour.*

STRANGULATED INGUINAL HERNIA.

Strangulated inguinal hernia in very young children is a rare condition. Operations for the relief of this accident have been performed only once in the past ten years at University College Hospital: once at St. Bartholomew's in the same length of time; six times at St. George's since 1870, on children from five months to two years of age, and twice in seven years at the London Hospital. In all of these cases the patients were boys, and in six out of eight the hernia was on the right side. The sac was opened in all of them, and death followed in only two.

Mr. Marcus Beck recently operated on a child ten weeks old, and the following account is given (*British Medical Journal*, Dec. 9, 1882): For four weeks previously a swelling of the right side of the scrotum had been noticed at times, but it had disappeared spontaneously. At the time he was called, he found the scrotum distended to about the size of a hen's egg. It was tense, elastic and translucent with fluid at the lower and front portion. The testis could be felt behind the swelling, which extended through the external ring, there was no impulse when the child cried. Taxis was tried, but failed to produce any change in the size of the tumor. It was tapped and about two drachms of fluid drawn off. Taxis without and with chloroform was then tried, but failed, and the operation was then performed. When the sac was exposed an effort at reduction was then made, but unsuccessfully. The sac was then opened enough to admit the finger, and the constriction found at the abdominal ring. An attempt to notch the band with the nail failing, it was stretched and torn by the finger; the bowel was then easily returned. The patient made a good recovery, and three weeks afterward the hernia had not come down.

The difficulty of diagnosis in this case was owing to the translucency, which was similar to that of infantile hydrocele.—*Medical Review.*

SURGICAL TREATMENT OF UMBILICAL HERNIA OF INFANTS.

The treatment of this condition has not been very satisfactory, and only rarely has it been successful in keeping the children alive. Generally, in the lighter grade of cases the expectant treatment is pursued, and in graver cases the restoration of the viscera to the abdomen, and the application of the antiseptic bandage so as to make compression. The ligature has been used to the neck of the sac, and it has at times been successful, but it has also been followed by a fatal result.

Krukenberg has reported a case in which the large hernial sac contained a part of the liver and colon; he restored the viscera, and, under rigid antiseptic precautions, opened the sac, dissected it out, and ligatured the edges with ten silk ligatures, only fourteen hours after birth. The wound was dressed antiseptically with a compress and bandage, and complete recovery followed.—*Archiv für Gyn.*—*Med. Times*, Mar. 10.

GASTRIC ULCER.

Dr. ADOLF WERTHEIMBER reports the case of an anæmic girl ten years of age, who, after several weeks suffering from dyspeptic symptoms, was suddenly seized with pain in the epigastrium; the pain soon subsided, but a few hours later returned, and was accompanied by nausea and vomiting of about a coffee spoonful of bright red blood. Blood was also found mixed with the next discharge of fæces. Nothing abnormal could be found in the lungs. The hæmatemesis occurred every day, and sometimes oftener, for a week; the child then presenting the features of a typical case of gastric ulcer was placed on milk diet, and soon recovered entirely. The case is interesting on account of the age of the child. Widerhofer and Kundrat have, as the result of their investigations in this direction come to the conclusion that the round ulcer ventriculi is very rare during the first ten years of life, while on the contrary, hæmorrhagic infiltration of the gastric mucous membrane and the erosions which precede gastric ulcer are frequently found. Budd^s and others have observed that the perforating gastric ulcer seldom occurs before the sixteenth year, one case only having been found, a girl fourteen and a half years of age. Rokitansky never met with it under the age of fourteen. Brinton speaks of two cases between the ages of one and ten years.—*Boston Med. and Surg. Jour.*

VULVO-VAGINITIS IN LITTLE GIRLS.

Dr. J. CHÉRON, (*Revue Medico-Chirurgicale des Maladies des Femmes*) says that this affection usually discussed under the title of vulvitis is really a vulvo-vaginitis. It arises from bad general health, and from a local exciting cause; local uncleanness, or masturbation. The affection may be of long duration without marked effect on the general health. The treatment should be directed against both the constitutional and the local condition. He uses for constitutional treatment saline-starch baths every day, three times a day the contents of a teaspoon containing one part tincture of iodine; three parts potassium-bromide, and one hundred and fifty parts tolu syrup, should be given before meals. Bicarbonate of soda should be taken with meals. Laxatives should be given every week. Locally, injections of the following mixture: neutral glycerine one hundred and twenty parts, potassa and alumina sulphate three parts, and Sydenham's laudanum two parts. Of this a teaspoonful to half a glass of luke warm water should be given morning and evening. The lips of the vagina should be kept apart, with charpie steeped in this solution. This condition not unfrequently leads to innocent persons being accused of rape. The child being frightened into accusing some one whom its ignorant parents have suspected of giving it this disease which they believe to be gonorrhœa.—*Gaillard's Med. Jour.*

PERITONITIS NEONATORUM.

Dr. OSCAR SILBERMANN recognizes two varieties of peritonitis in the new-born. The non-septic or chronic form is developed usually in the first third of foetal life, and is generally syphilitic in origin. If the peritoneum covering the intestines be involved, as well as that over the liver and spleen, various forms of intestinal obstruction may result. Most frequently we find occlusion of the anus, less often stenosis or complete occlusion of the small intestine. Of a number of cases of congenital occlusion of the intestine, collected by the author, all ended fatally, only one living beyond twelve days. The second, acute or septic, form of peritonitis in the new-born the author divides into two varieties, according as the peritonitis is only a part of the general affection or is the sole manifestation of the septic poison. In either case the point of entrance of the poison is always at the navel wound. The symptoms, which need not all be present in a given case, are vomiting,

watery stools, meteorism, ascites, abdominal tenderness, icterus, etc. The pulse, temperature and respiration may vary in degree in the different cases. A cure of the septic form is possible; therefore, the treatment should be carefully considered. The navel wound must be cleansed, and the child is to be isolated from its mother. To control the fever quinine may be given. The Priessnitz sheet is of value. Vomiting may be checked by chloral (one-half to one grain in water). The strength should, of course, be maintained by stimulants if necessary.—*Schmidt's Jahr.*—*Med. Record*, Apr. 14.

INFANTILE PARALYSIS.

Dr. ROBERT J. LEE calls attention to the very marked value of artificial heat in the treatment of infantile paralysis. This he illustrates by the case of a girl suffering from this disease in a severe form, who received no other treatment than hot sponging night and morning, and artificial heat to the affected limb, after going to bed. This limb was equal in size to the sound one eight years after the attack came on, although still paralyzed below the knee.

Dr. Wm. H. Barlow refers to the fact that artificial heat is an old therapeutic method in the disease in question. He considers it always necessary to protect carefully the paralyzed limbs, but believes that electro-therapy and voluntary and passive movements are much superior remedies to heat.—*Journal of Mental and Nervous Diseases*.

MENINGITES IN CHILDREN.

Dr. VOVARD (*Jour. de Médecine Bordeaux*, Nov., 1882,) claims good results both in tubercular and non-tubercular meningitis of children from potassium iodide internally and the application of oleum tigllii to the scalp. The head is shaved, croton oil applied, and after the pustules have appeared they are smeared with an irritating cerate. Hebra and others have had similar results from the application of antimony ointment.—*Can. Lancet*, Mar.

INCONTINENCE OF FÆCES IN CHILDREN.

Dr. G. B. FOWLER (*Am. Jour of Obstet.*), describes two cases in which incontinence of fæces occurred without local lesion and under circumstances similar to those which obtain in incontinence of urine—undue reflex irritability, or loss of muscular tone due to systematic causes. The treatment consisted in attention to the general health of the patient, and in the administration of ergot. Recovery was complete.—*N. Y. Med. Jour.*, Mar. 3.

CHAMOMILE TEA IN INFANTILE DIARRHŒA.

Dr. ELLIOT advocates the use of chamomile tea in diarrhœa of young children (*Practitioner*). The dose, for infants under one year, is one-half to one drachm, and double that quantity for older children, given two or three times a day, or oftener. The rationale of the action is the power the drug possesses of subduing reflex excitability. This power belongs especially to the volatile oil contained in the flowers. A decapitated frog, previously fortified by a dose of chamomile oil, was not susceptible to the influence of strychnia, according to Grisan. He also calmed tetanic convulsions, due to strychnia, by the same oil.—*Med. Record.*, Mar. 17.

TREATMENT OF CHOLERA INFANTUM BY KOUMISS.

A. KRAZIN (*Aerzt. Nacht. aus. St. Petersburg.*), in this paper repeats numerous published observations: and, having regard to them and to his own exper-

ience, the writer warmly recommends the employment of koumiss in the above disease. In cases of collapse, he uses the ordinary koumiss on account of its great stimulating power, but as a rule he has recourse to the variety which has been allowed to ferment for one day only.—*Med. News*, Mar. 17.

CARDIAC COMPLICATIONS IN ACUTE ARTICULAR RHEUMATISM IN CHILDREN.

From observations made in a series of cases of acute articular rheumatism in children, Dr. VOHSEN (*Wiener Med. Wochenschrift*) formulates the following conclusions: 1. In nearly one-half of the cases observed endocarditis occurred and resulted in marked valvular insufficiency. 2. The mitral valve was the one most frequently affected. The endocarditis appeared usually in the first and second weeks of the disease. Pericarditis was also a frequent complication. 3. Salicylate of soda, while it exerted a favorable influence upon the joint affection, seemed not to prevent the cardiac complications. 4. The mild forms of articular rheumatism are especially liable to be followed by cardiac disease, hence a very careful examination of the heart would seem to be necessary in the light cases.—*Medical Record*.

HEPATIC ABSCESS IN A CHILD.

R. H. NELSON, M.D., Ridgeway, Mich., writes: On Tuesday, March 13, 1883, I was called to see the little daughter of Mr. S., æt., 2½ years, whom I found suffering from pain in the region of the liver. On examination I found the child much emaciated, of a cachectic appearance, and very much bent forward while standing. I found at seat of pain a hard tumor about the size of a teacup, inside the abdominal parietes which I diagnosed as incipient abscess of liver.

Advised warm poultices of flax-seed which were ordered changed every half hour, thinking I might thus excite enough adhesive inflammation to cause peritoneal adhesions. At the end of one week I considered the tumor pointed enough and the adhesions firm enough to permit of exploring the tumor with an aspirating needle, which I accordingly did, and I found plenty of pus at the depth of one and one-fourth inches.

Finding she might not bear an anæsthetic well, and deeming it well to have the responsibility divided, should any fatal result occur, I invited Dr. Woodward, of Tecumseh, to administer it for me. I made a free incision about two inches to the right of the umbilicus which was followed by the escape of nearly a pint of pus. A liberal diet and tonics were given and in one week marked improvement was discerned.

I report this case because of its rarity in young children, and also as demonstrating the advantage of using the aspirating needle in making a diagnosis.

The child had been previously troubled with *ascaris lumbricoides*, as many as six having crawled from her throat at different times, besides large numbers that had passed her rectum. Had a worm made its way in the gall duct? Deponent saith not. At this writing, March 31, the child is apparently well.—*Med. Age.*, Apr. 25.

CATHARTIC FOR INFANTS.

Dr. J. COOPERIDER, Taylorsville, Indiana, sends in response to the request for a cathartic for infants the following which he has found quite satisfactory in his practice:

R. Ext. sennæ fluidi, ℥ j; sodii sulphatis, ℥ ss; spts. limonis, 3 j; Syrupi. q. s., ad, ℥ iv. M. Sig. A half teaspoonful to teaspoonful every two to four hours, according to age.

Dr. M. R. Morden, Adrian, Mich.: In answer to Dr. Postlewait, in regard to a suitable remedy for constipation in infancy, I wish to attest my confidence in the pulvis glycyrrhizæ compositus for the same. It consists of:

R. Senna, liquorice (powder), ʒʒ 3 vj; fennel, sulphur, ʒʒ 3 iij; refined sugar, 3 xvij.

May be given best in form of a thick tea, in one-quarter to one-half teaspoonful doses to infants, and to large children, aged persons and delicate adults in teaspoonful doses, once, twice, or thrice daily, as may be needed. After 10 years' experience with its use I recommend it as being pleasant, safe and efficient. One dose at bed-time generally answers. I never knew of but one child that did not like it.

Dr. Wm. R. Smith, Sr., Cairo, Ill., writes: From my own experience this winter I think the constipation of the little patients, referred to by Dr. Postlewait, is caused by catarrh of the colon and rectum. Would advise him to give the following:

R. Sodii phosphatis granulati, 3 ij; ft. chart., no. viij. Sig. One powder in a teaspoonful of milk three times a day.—*Med. Age*, Mar. 26.

LANCING THE GUMS.

Dr. CHASE, in the *Dental Journal*, gives the following practical advice bearing on this trifling but often quite important operation:

The operator should know whether a tooth is pressing on the gum, and trying to make its way out. In this case, cut down to the new tooth, until it is felt under the lancet. For incisors and cuspids, a straight line cut. for molars, a cross-cut.

How not to do it: With a child sitting up, in your lap, or any one's lap.

How to do it: Let the operator and "nurse" sit close together, facing each other. The child is laid down, face upward; the head in the operator's lap, the feet in the "nurse's" lap. The nurse holds the limbs of the child quietly, so that it may not interfere.

With the left hand the operator takes the jaw between his fingers, and slowly and firmly does the cutting. There is no false cut. The child is still.—*Med. Age*.

PHARYNGITIS ET LYMPHADENITIS RETROPHARYNGEALIS IN CHILDREN.

Dr. HERZ (*Wien. Med. Wochenschr.*) finds chronic pharyngitis very frequently present in children. Sometimes the mucous membrane is hemorrhagic, or eroded or ulcerated. The children suffer, for the most part, from a short, broken cough. Older children complain of a roughness of the throat, or from the sensation of a hair in the throat. The cough is sometimes so great that it leads to vomiting. This condition of the throat is often accompanied by enlargement of the lymph glands of the axilla and inguinal region, and the children may be anæmic, scrofulous, tuberculous or syphilitic. This condition is seldom noticed before the third year. When found sooner it is due to unfavorable hygienic surroundings. In these cases, treatment must be directed to the general health. A flesh diet, wine and iron are useful.

H. reported ten cases of lymphadenitis retropharyngealis which he has observed. The children ranged in age from one to two and one-half years. Of the ten, only three appeared healthy. Three were anæmic and four scrofulous. The enlarged glands varied in size from that of a hemp-seed to that of a bean. In five cases they were situated on the right side; in four, on the left; and in one, along the median line. The affection is most prevalent during the months of winter and spring, and presents the symptoms of acute catarrh. Cold compresses and painting the neck with the iodide of glycerine were the therapeutical measures used.—*Obst. Gaz.*

LARGE DOSES OF QUININE IN INFANTILE TYPHOID.

Dr. BARTHEZ (*Journal de Méd de Bordeaux*), has recently enunciated the following dictum: "When typhoid fever in the child about the end of the first week simulates tubercular meningitis; in this simulation will be found an indication for large doses of quinine." He has been led to this conclusion by noticing the remarkable improvement produced in cases of infantile typhoid fever which markedly simulated tubercular meningitis, by the use of 3 ss. doses of quinine sulphate. In cases of the type mentioned in which this procedure has been tried the result has been rapid and a decidedly marked amelioration.—*Obst. Gaz.*

SUB-NITRATE OF BISMUTH AS A SPECIFIC FOR CANCRUM ORIS.

After a disheartening succession of death from gangrene of the cheek among a number of children received into a New York public institution from another one condemned by the Health Board, Dr. C. J. Macguire resorted to the topical application of sub-nitrate of bismuth, every three hours, after cleansing with a disinfecting solution. It relieved or abolished the horrible foetor of the disease, arrested the progress of the gangrene, and hastened cicatrization. The diagnosis of these cases was verified by competent specialists. Twenty-four cases in all were seen, and the four that proved fatal died before the treatment of bismuth was adopted. Following its employment, the cases all recovered.—*New Rom., Mar.*

ENDERMATIC USE OF QUININE IN MALARIAL PNEUMONIA OF CHILDREN.

Dr. L. GALANTI, of Rome, applies an ointment of sulphate of quinine to the raw surface produced by blistering, in the malarial pneumonia of children. By this means he avoids the difficulties often encountered in the internal administration of this drug.—*Gazetta Medica de Roma.—Med. Brief.*

DIARRHŒA.—MELLIN'S FOOD FOR INFANTS.

Dr. EUSTACE SMITH recommends the following diet in cases of infantile diarrhœa:

"If the child CAN BEAR MILK, a teaspoonful of Mellin's Food for Infants, dissolved alternately (1) in a teacupful of equal parts of milk and barley water; and (2) in a teacupful of equal parts of weak veal broth and barley water.

"When the child CANNOT DIGEST MILK, the following is a good diet:

"*First meal, 7 a. m.*: One teaspoonful of Mellin's Food for Infants, dissolved in a teacupful of veal broth and barley water, equal parts.

"*Second meal, 11 a. m.*: One teaspoonful of cream in a teacupful of fresh whey.

"*Third meal, 2 p. m.*: The unboiled yolk of one egg, beaten up with fifteen drops of brandy, a teaspoonful of cinnamon water, and a little white sugar.

"*Fourth meal, 5 p. m.*: Four ounces of beef tea (a pound to the pint.)

"*Fifth meal, 11 p. m.*: Same as first.

"As the digestive organs gain tone, milk may gradually replace the veal broth and barley water."—*Louv. Med. News.*

ADDENDA.

CONTAGIOUS DISEASES AND LEGAL RESPONSIBILITY.

Judge Dixon, of New Jersey, in a recent charge to the Grand Jury at Paterson, called their attention to the case of a man employed at the pest-house, near that city, as nurse to a small-pox patient, and who, "having the germs of the infectious disease about him, went recklessly to his family, communicating the disease to his children, one of whom died." Hereupon the judge says: "If a man, conscious that he carries about with him the germs of a contagious disease, recklessly exposes the health and the lives of others, he is a public nuisance and a criminal, and may be held answerable for the results of his conduct. If death occurs through his recklessness he may be indicted for manslaughter. It is held that where a person knowingly communicates a contagious disease to another, and death results, the crime is that of manslaughter." And the judge instructed the jury that the pest-house nurse might be indicted for that crime if they found that there had been such "criminal negligence" in his acts. And he added: "The man may be indicted also for spreading the disease by conscious exposure of others thereto by his presence in public places, such as on the streets, in halls, etc. He might be indicted as a public nuisance for endangering the public health in this way even if no consequences had followed. The law provides some penalty for such offenses against the public safety."—*Sanitarian*.

COMMUNICATING SYPHILIS.

A woman, practicing as a midwife in Sheffield, England, was recently committed for trial to the Leeds Assizes, on a charge of "wilfully and mischievously causing grievous bodily harm" to two innocent children, each of whom exhibits decided syphilitic symptoms alleged to have been caused by the midwife. This latter has for months past been suffering from undoubted syphilis, with local manifestation on the the fingers, and while in this condition she has been in attendance on a number of lying-in patients, with the natural result that numerous cases of infection, through her, have arisen. Lest it might be imagined that the natural guardians of the people have been active in obtaining the committal of the offender in this instance, the *Medical News*, of London, asserts that it was owing entirely to the activity and self-denying perseverance of a local physician that the facts proving the influence exercised by the accused woman have been observed. A word of praise also is due to the courage shown by the stipendiary magistrate who remitted the case to the Assizes; for we are so accustomed to see luminaries of the law ridicule the demonstrations by which medical men occasionally point the moral of such performances as the syphilitic midwife shone in, that it is quite impossible not to take unusual note of any indication of returning common sense.—*Col. and Clin. Record*.

EXPERIMENTAL INVESTIGATIONS INTO THE NATURE OF CONTAGIOUS DISEASES IN ANIMALS.

We are glad to announce that the Government has at last undertaken to make some experimental investigations into the nature of infectious diseases

in animals and the value of protective vaccinations. The Department of Agriculture has leased a piece of ground in the suburbs of Washington to be used as an experimental farm and hospital. The grounds are being put in order and buildings erected thereon. Dr. D. E. Salmon, who has for several years been employed by the Department in the investigation of diseases of cattle, swine, and poultry, will arrive in Washington about May 1st to take charge of the work. Dr. Salmon will bring with him a number of cattle and sheep, and the experiments will begin soon after his arrival. The Pasteur system of inoculation will be adopted. The investigations now to be made on a much larger scale than any heretofore attempted by the department, and will be conducted with the view of ascertaining the origin, causes, and nature of the Texas cattle fever, pleuro-pneumonia, and hog and chicken cholera, together with the means of preventing and curing these diseases.—*Med. Record, April 7.*

SCARLET FEVER AND CEREBRO-SPINAL MENINGITIS IN HORSES.

A writer in *The New York Times* comments on the claim of Dr. J. W. Stickler to have discovered a preventive of scarlet fever in the equine virus. He adds:

"I have long known that scarlet fever exists among horses, and that it has been recognized, especially by French veterinary surgeons, but could obtain no information about it in New York, although I was well satisfied that it lurked among one of the forms of so-called "pink-eye," and I have several years ago called attention to this fact. It is well known, also, that the great epidemic of cerebro-spinal meningitis among horses, in 1871, was followed by the greatest outbreak of that disease among our citizens in 1872. There is some well-established connection between the two. I have long thought that scarlet fever and cerebro-spinal meningitis were carried by grooms and hostlers to their own homes, and perhaps to those of their masters and patrons, but could not positively prove the facts, because so much concealment and prevarication is always covered around such matters, arising from ignorance and surprise at such notions, more perhaps than from deceit."—*Med. Record, April 7.*

ARTIFICIAL INCUBATION FOR INFANTS.

Dr. TAVENIER, physician to a foundling hospital at Paris, has tried an experiment with a view to lessen the enormous mortality among the infants under his care. A prematurely-born infant of miserable physique was made the subject of the experiment. It was placed in an incubator, made on the model of the artificial incubators for chickens. It was a box covered with a glass slide, furnished with a soft woollen bed, and kept at a temperature of 86° by suitable means. The child was placed in this and left in the dark with a nursing-bottle. On the second day it ceased to cry and sank into a deep sleep, which continued during the 60 days it remained in the incubator, the only wakeful intervals being when it was taking nourishment. At the end of the time it was as well grown and strong as a child a year old. Another experiment was tried, and was equally successful. The system was thus applied with all convenient speed to the 360 infants in the hospital. Their average weight was then 16 lbs.; average age, eight months, three days. Only one died from congenital hydrocephalus, another was reclaimed. The rest remained in the incubator for six months. The average weight was then 24 lbs. An ordinary observer would have said that the youngest was at least three years old. All learned to walk within a week after leaving the incubator, and most have since learned to walk.—*Boston Jour. Chem.*

EXPERIENCE OF A VEGETARIAN.

Dr. T. B. ALLISON thus records his experience in the *Brit. Med. Jour.*, March 3, 1883:

Last year, about this time, I determined to see how I got on if I abstained from the use of animal food. A year has now elapsed since I have touched fish, flesh or fowl. When I first started I did not feel that satisfaction which one feels after a flesh meal, and the vegetables tasted insipid; in fact, I had to use sauces and pickles to get them down. Time gradually used me to my diet, and now I can eat them just as they are cooked. I have lost all desire for the condiments, such as sauces, pickles, spices, mustard, and pepper; salt I used in small quantity. My taste for alcoholic liquors has also gone, and, with it, my liking for tobacco. I was constive as a rule until I took to vegetable diet, and, during my trial, I have been constipated only once. For the period of a month I was traveling, and could not get my brown bread, and so my bowels did not act so well; but a return to my whole meal bread soon cured that. I am fond of mental work, and I find that I can do more work on it than on a mixed diet. I have not had a bilious attack or sick headache since taking to it. Rheumatic pains flitted about my joints, and I was afraid of rheumatic arthritis setting in; but three months sufficed to rid me of these. My urine used to be loaded with lithates, but the sediment went in a fortnight's time, and I have not seen a deposit since. My renal secretion often has a sweetish smell, and sometimes a smell of roast meat. There has been no decrease in my bodily powers, and I can run and take exercise as well as ever. I have gained seven pounds in weight during my experiment. My senses are acuter, especially those of taste and smell. My sexual passion has moderated, and is not so violent as on a mixed diet. I have a good flow of animal spirits, and am very rarely depressed. I do not eat more food on my new diet than I did as a mixed feeder. Breakfast consists of brown bread, apples, and a cup of coffee; in summer, I have lettuce instead of apples. Dinner is usually composed of two vegetables, brown bread, and a pie or pudding. For tea, I have a cup of milk and water, bread, and jam. Supper, when taken, is bread and jam, cold pudding, or boiled onions. Eggs, milk, butter, and cheese, I use only in moderate quantities.—*Med. and Surg. Rep.*, April 28.

LARVÆ OF FLIES IN THE HUMAN INTESTINE.

While as a rule no insect, properly so called, has ever been proved to take up its abode in the human alimentary canal, their presence, when they are found, being accidental, as being swallowed on a piece of meat, upon which the eggs have been deposited, yet occasionally larvæ give trouble. Dr. Wacker, of Landsberg, in Bavaria, has published in the *Ärztliches Intelligenzblatt* the case of a boy aged 21 with colicky pains, fullness in epigastrium, constipation, and frequent fits of nausea and tendency to syncope, especially when in a close atmosphere, such as that of his cottage or stable. Dr. Wacker prescribed one-eighth of a litre of Hunyadi János water, to be taken every morning on an empty stomach. On the third day a vast mass (over two litres) of larvæ, partly alive and partly dead, was passed from the rectum. The patient at once recovered, feeling no more unpleasant symptoms, even when in a hot room. On examination, the grubs were found to be larvæ of a common dipterous insect, *Anthomyia cuniculina*, closely allied to the house-fly and blue-bottle.—*Med. and Surg. Rep.*, April 28.

CHLORAL HYDRATE AS A VESICANT.

Dr. F. D. RITTER, of Gaines, Pa., writes as follows: "Some three years ago I accidentally discovered that when powdered chloral, sprinkled upon

ordinary adhesive plaster and melted by a gentle heat (not more than enough to cause the plaster to adhere to the flesh), is applied while warm to the part where the blister is wanted, within three minutes a gentle heat is felt, increasing in intensity for about three minutes more till it is like a burn, then gradually easing off, until, at the end of ten minutes, the parts feel free from pain. The secondary effect is soothing; in some instances within half an hour a second burning is felt, though not so intense as at first, nor so lasting. If, at the end of ten minutes, or as soon as pain has subsided, the plaster be taken off, the surface is found as effectually denuded as by a cantharidal plaster after six hours, though the discharge is not so great. Thus, within ten minutes the work of an old-fashioned blister is accomplished; and the great advantages of the chloral plaster over the cantharidal are: 1st. Its rapidity of action, thus relieving pain, and producing the counter-irritation upon an engorged organ before the congestive action has had time to pass into more than the congestive stage. 2d. Its ease of application; 3d. It need never be taken off to have the blister dressed; but the original plaster may remain until the sore is entirely healed, and the plaster loosens and comes off itself. This is in part my experience, and I would have given it to the profession before, but supposed it was well known."—*M. Y. Med. Jour.*, March 24.

FALLING FROM GREAT HEIGHTS.

It has been asserted that a man falling from a great height dies before he reaches the ground, and we recently noticed this question discussed in a public journal.

The experience of an aeronautical party in the balloon Owl, which made a very rapid descent, during the fall of last year, at Dunmow, Essex, England, throws some light on this disputed subject.

The voyage being limited to time by the conditions of the contest in which the party in the car were engaged, a rapid descent became necessary. The valve was twice opened, and volumes of gas rushed out. The balloon fell plumb 1,800 feet in one minute and a quarter. They came to the ground with a thud which sent one of the occupants of the car limping for six weeks afterward, but none of his other three companions suffered from the severe bone-shaking. It is interesting to know that their breathing was not in the slightest degree affected by this rapid falling through the air. All appeared to be perfectly conscious, and as calm as men might be who had reason to fear that their next second might be an eternal one.

We understand that it is on record that one aëronaut fell from a car, a distance of sixty feet into a ploughed field, without loss of consciousness.—*Med. Record*, Mar. 31.

DIFFERENT METHODS OF COLORING TUBERCLE BACILLI.

The first method, that described by KOCH, was as follows: Dry a small piece of sputum on a glass-square, place it in a weak alkaline methylen blue solution for twenty-four hours, and then wash over the sputum with vesuvine. This method was soon replaced by that recommended by Ehrlich, which consisted in: After having dried the sputum on the glass-square, it was colored in methyl violet and aniline water. Aniline water is made by adding three parts of aniline oil to 100 parts distilled water, shaking well, and filtering. The methyl blue solution is concentrated, alcoholic, and so much of it is added to the aniline water in a watch-glass that opalescence appears. The preparation remains $\frac{1}{2}$ to $\frac{1}{4}$ hour in this solution, after which it is placed in nitric acid (1), water (2), and then impregnated with Bismarck brown. In the place of methyl violet, Professor Frankel uses fuchsin, afterward coloring with methylen blue, and prefers this coloring to any yet devised, as preparations thus colored retain their color longer, and admit of better de-

monstration by artificial light. Baumgarten's method consists in treating spotum dried on a cover-glass with caustic potash (83 per cent. sol. to watch-glass of water), and is considered highly unsatisfactory, as the bacilli are not all colored, therefore difficult to find. This last method is not to be recommended.—*Berlin Klin. Woch.—Therap. Gaz., April.*

THERAPEUTIC VALUE OF HYOSCYAMIA.

A writer in the London *Lancet* says: "No man who has ever used aconitine for the reduction of temperature will go back to the tincture, Fleming's though it be, or any crude form of the drug; and he who has not used hyoscyamia in troubles of the hollow viscera—stomach, bowels, bladder, etc.—has yet to experience the satisfaction and joy with which he will be greeted after prescribing it for a patient with spasms, retention, dysentery, or hernia; for this last is often spared the surgeon's knife by this beneficent drug."—*Can. Lancet, April.*

RICKETS.—DRIED BLOOD.

M. REGNARD (*Le Progrès Méd.*), suggests the employment of dry blood as food. In the case of six orphan lambs, three were fed on the ordinary vegetable food, and three on the same plus a certain quantity of cooked and dried blood. The first three died, while the others developed splendidly. He remarked that if these results are confirmed, these economical results will be considerable, as it will permit the utilization of the hundreds of thousands of pounds of blood wasted in the slaughter-houses of Paris alone. He quoted a case of rickets in a child in which this food had given excellent results.—*Med. Record.*

DR. GOODELL'S MIXTURE OF THE FOUR CHLORIDES.

The following is known as Dr. GOODELL's mixture of the "four chlorides," which he prescribes as an alterative tonic:

R. Hydrarg. bichlor., gr. j-ij; liq. arsen. chlor., 3j; acidi. hydrochlor. dil, tr. ferri. chlor., aa 3ij; syr. zingib., ℥ij; aquæ, ad., ℥vj. M. Sig. Two teaspoonfuls three times daily in water, after meals.—*Med. Age, April 10.*

DIPHTHERIA IN FOWLS.

Dr. L. ROTH, of Kitzingen, observed an epidemic of diphtheria in a flock of hens. It was caused by the slops from a room in which two children had been sick with diphtheria, being thrown upon the dung heap in the yard where the fowls were kept.—*Med. Record, April 14.*

PREVENTION OF HYDROPHOBIA.

PASTEUR claims to have four dogs which cannot be inoculated with rabies by any method. These dogs have been protected by previous mild attacks of rabies, from which they recovered.—*Med. Record.*

INGROWING NAILS.—CARBOLIC ACID.

There is one other trouble for which pure carbolic acid does better than anything I know of, namely, ingrowing nails. The melted acid runs in

between the nail and the irritated flesh, and allays the irritation. In every case where I have used it the pain ceased at once, and the recovery was immediate.—*Boston Jour. Chem.*

EUCALYPTUS IN BALDNESS.

A California physician claims that the juice from eucalyptus leaves has induced the hair to grow on his bald head. He was in the habit of pounding to a pulp the leaves, which he applied to his head for the cure of headache, and was surprised to find a new and abundant crop of hair commence to grow.—*Gaillard's Med. Jour.*

THE WISEST MAY ERR.

Prof. CHROBAK at a recent clinic had occasion to call the attention of his class to the care necessary in making a diagnosis. The patient before them had been sent there by a famous gynecologist, with a note to the effect that the woman had an ulcer of her womb which resisted all efforts at cure. After a careful examination, it was found that the ulcer was a piece of sponge. Upon removal of this last a large quantity of retained menstrual fluid escaped, and the supposed ulcer was cured at once.—*Chicago Med. Rev.*

THE OLEATES.

Oleates are not to be mixed with vaseline or any petroleum products, as the latter are not absorbed by the skin and retard the action of the oleates. Mineral fats have no affinity for animal tissues, while lard and other animal fats are rapidly absorbed by the skin of the human body.—*Med. Review.*

POISONED WOUNDS.—CRAYON-FEU.

This name has been given by Dr. A. MOSER, of Paris, to crayons which may be used as moxæ for cauterizing poisoned wounds, bites of rabid dogs, etc. It has a conical shape, and is composed of the following ingredients:

Charcoal, 80 parts; nitrate of potassium, 4 parts; iron, powdered, 5 parts; benzoin, 1 part; excipient (acacia, etc.), q. s. parts. To be made into forty crayons.—*New Remedies, March.*

THE FACE IN DISEASE.

MARSHALL HALL's principle of diagnosis is, that in general it may be observed that the brow is contracted by pain within the head; the nostrils are drawn acutely upward by pain in the chest; and the upper lip is raised and stretched over the gums or teeth by painful affections of the abdomen.—*Louv. Med. News.*

LOCAL ANÆSTHESIA.

May be readily produced by applying with a camel's hair brush the following mixture: R. Chloral, Camphor, aa 3ij; Morph. Sulphat., 3ss; Chloroform, 3i. M. Sig. To be applied with a brush to the area to be incised.—*Med. News.*

GOLDEN CERATE FOR CORNS.

Yellow wax, 5 ounces; sulphate of zinc, 678 grains; oxide copper, 220 grains; verdigris, 220 grains; borax, 220 grains; red chalk, 678 grains.

After a long, fatiguing walk, the feet, especially the heels, are affected by a little white blisterful of serosity, looking like a bulb produced by a burn. It is a passing inconvenience. Prick it carefully, and let the water out without breaking the skin; apply a little thin cloth with cold cream, and refrain from long walks. This is simple, and sufficient to cure it.—*Drug. Cir., April.*

BROMIDE OF AMMONIUM AS ANTI-FAT.

Dr. GIBB recommends the use of bromide of ammonium to those who suffer from obesity. When taken in small doses it will absorb fat, and diminish the weight of the body with greater certainty than any other known remedy.—*Drug. Cir., April.*

VACCINATION DURING PREGNANCY.

The vaccination of pregnant women has no effect on the fetus. The child will take the cow pox when vaccinated after birth.—*Pacific Med. and Surg. Jour.*

HORSFORD'S ACID PHOSPHATE.

For repairing the waste of the phosphates in the human system consequent upon protracted mental or physical labor, there are few preparations that performs the work more thoroughly, and at the same time is so pleasant in its administration as the acid phosphate of Prof. Horsford.

The importance of such a remedy to the profession has been clearly established by such competent authorities as Prof. Wm. A. Hammond, Drs. For-
dyce Barker, W. H. Van Buren and others. Prof. R. Ogden Doremus states that the greater proportion of phosphates in urine after excessive mental labor has been clearly established by chemical analysis, and to repair this waste Dr. Hammond affirms that he habitually uses phosphoric acid and the phosphates.

This acid phosphate recommends itself to the profession, particularly in all cases arising from a debilitated condition of the system in nervous diseases, and where the waste of the phosphates is greater than the supply.—*So. Pract.*

INSOMNIA.—BROMIDIA.

Prof. C. H. HUGHES, lecturer of Psychiatry and Neurology, Post-Graduate Faculty, St. Louis Medical College, says: "Bromidia is a reliable compound of well-known and favorite medicines in the management of insomnia, and as such we commend it to those of our subscribers, hospital physicians and others, when occasion requires the employment of this combination of the potassic bromide, cannabis indica and chloral hydrate. We have always found the compound *uniform* in composition, the mixture well made and the therapeutic effect what ought to be expected from its ingredients"—*Alienist and Neur., December, 1882.*

MENTAL AND NERVOUS DISEASES.—BROMIDIA.

Dr. J. S. JEWELL, Professor of Mental and Nervous Diseases, Chicago Medical College, Chicago, Ill., says: "I have used Battle & Co.'s preparation known as BROMIDIA, and believe it to be as reliable as it is represented to be by its proprietors. I have thus far *been pleased with its effects.*"—*Jour. of Nervous and Mental Diseases.*

ANGLO-SWISS MILK FOOD.

Although, perhaps, diluted, cow's milk offers the best substitute for that designed by Nature, yet in so few cases can this be found pure, at least in cities, that it does not contain the essential ingredients for the support and development of infantile life.

Estimated in a cursory manner, human milk contains about 890 parts of water to 110 parts solid matter; and of this solid matter caseine, fat, and saccharine matter occupy the larger proportion. If milk contains these ingredients in the proper proportion, it is assimilated by the infant, and we have as a result healthy growth and development; but if these constituents are wanting, the child is imperfectly nourished, and easily falls a victim to the many disturbances which accompany dentition. To meet this want several artificial milk foods, more or less scientifically prepared, have been introduced to the public, and one of the most desirable is that known as the Anglo-Swiss Milk Food (made by the Anglo-Swiss Condensed Milk Company at Cham, Switzerland). This food has been proved to contain all the necessary ingredients for a reliable food for infants, and having received the highest indorsements from the medical profession in Europe, and in New York and other American cities, may, therefore, be used with perfect confidence by all having the care of young children.

The proof of the superiority of this food is shown by the analysis which is printed on the label of each can.—*New Eng. Med. Mo.*

HOLLOW SUPPOSITORIES.

One of the greatest wants of druggists and physicians seems to have been met by the invention of HOLLOW SUPPOSITORIES.

But few druggists have the experience or the skill that enables them to make smooth and evenly medicated Suppositories; besides, it is doubtful if the price received for such a prescription ever compensates for the time, trouble and waste necessary to its preparation.

HOLLOW SUPPOSITORIES are made in 10 sizes to meet the various requirements of physicians. They may be filled with fluids or medicines in other forms, and hermetically sealed so that there is no escape. They are made from double refined butter of Cacao, and are guaranteed to retain their shape and to keep fresh and sweet for years in any climate. A prescription can be prepared with them in one-tenth the time, and with no danger of uneven medication, as by the old plan.

All medicines are more or less repulsive to patients; but it would seem that Hall & Ruckel have taken a step in the right direction by putting their Hollow Suppositories on the market, were there no other consideration beyond the attractive appearance and fine quality of the goods.—*Exchange.*

A GOOD POINT FOR CARBOLIC ACID.

According to Dr. ROBERT J. LEE, carbolic acid is the only antiseptic that can be volatilized in a definite and constant manner. This is a most important fact in treatment, and deserving attention. If a solution of one part of carbolic acid in eighty of water be distilled under slight pressure, the vapor will contain the same proportion of the acid as the solution during the process of boiling; so that we can obtain vapor of any strength, and diffuse it in the atmosphere. Other antiseptics are often too volatile, as, for example, thymol, which comes off very rapidly from the boiling water, as does also benzoic acid, so that they are not convenient for inhaling.—*Boston Jour. Chem.*

CREAM MEAD.

A very agreeable drink may be prepared for convalescents as follows: Dissolve three pounds of white sugar in half a gallon of boiling water, and while cold add three ounces of tartaric acid previously dissolved in a pint of cold water. Now add the whites of three eggs well beaten, flavor to taste, and bottle. When it is to be used, stir in a few grains of bicarbonate of soda, and a delicious effervescing drink is the result.—*Med. Bulletin.*

QUARTERLY EPITOME.

EDITORIAL DEPARTMENT.

THE VALUE OF PHYSICIANS' SERVICES.

It occasionally happens, not only in the practice of the physician, but in other vocations where a medical education is indispensable, that a discrepancy arises between the physician and the recipient regarding the value of the services rendered.

It is not uncommon for the patient or his friends to assume to be more competent to appraise than he who has invested years of toil and thousands of dollars in qualifying himself to act in professional capacity.

One of the worst phases of human nature usually developed in cases of litigation for professional services of the character in question, is the discovery that the refusal, on the part of the patient, to pay, as well as threats to prosecute, for malpractice, have been advised by some other physician.

We do not at this instant recollect any other craft wherein the members seek to undermine each other to any such degree as has been shown to pertain among physicians.

The lawyers have their tilts which mean no harm to themselves; the clergy, like the wicked, may be able to stand on slippery places, but they brace up and sustain each other; and the merchant often undersells his competitor, and is willing to pocket his own loss; but when it comes to subtle meanesses, culminating in a fight in open court, it is the envious physician

who stands pre-eminent as representing a household divided against itself.

To whatever cause these differences between the medically educated man and the recipient of his professional services may be due, it is clear that the recipient has no right to constitute himself the umpire and settle the case in his own favor, any more than a client has to appraise the services of his lawyer, or a customer to dictate the price at which a merchant shall sell his goods.

The following important editorial remarks from the *Detroit Lancet* are peculiarly apropos:—

“It is of importance to the physician to know how the law regards his actions. Especially is this true of the law as interpreted by the highest courts, as from these there is no appeal.

The decisions which we shall quote were rendered by the Supreme Court of Michigan, filed October 18, 1882. The case in connection with which they were given was quite a common one. A doctor treated a man for serious injuries. Instead of paying the doctor thankfully, the patient started a suit for malpractice. It will be seen that the issue of such a case must turn upon the value of the doctor's services. The patient claimed that their value was entirely of a negative character, in short that he should be paid by the doctor for permitting him to spend his time and skill upon him. The doctor maintained that his time and knowledge and skill were worth

in money, at least that which he had stated in his bill. Who shall decide the differences between these two estimations of the value of the surgeon's services? The answer to this inquiry is fairly stated by the Michigan Supreme Court in the following quotations.

'There is no presumption of law as to the value of a surgeon's services, nor that a jury can ascertain their value without testimony from persons knowing something about it. Nor has a jury a right to reduce the compensation claimed for such services where undisputed testimony shows it to have been appropriate, and on their own unsupported notions that the treatment should have been different.

A jury has no right to ignore testimony that has not been discredited, and form independent conclusions, without testimony, on matters that require proof beyond their conjectures or opinions. The fact that a surgeon changes a course of treatment adopted by another does not in itself show that the former course of treatment was not proper at the time; nor is the patient's failure to recover perfect soundness of limb in itself evidence of malpractice, nor is the fact that he survived, although he refused to allow

a particular course of treatment, evidence that such a course might not have been proper under the circumstances.'

'The jury in an action for the value of surgical services has no right to find malpractice without testimony from persons who are qualified to give opinions on the method of treatment.'

It will be seen from these quotations of the Supreme Court that a jury must base its estimate of the value of a physician's services entirely upon the testimony of physicians. If the physicians testify that the services have a certain value the jury must accept it as ultimate, not to be set aside by any private notions they may have upon the subject. The common sense of this is at once apparent. This principle applies to the estimation of the nature and extent of malpractice as well as the other positive side of the results of the physician's services. Thus it appears, from the views of the highest courts, that the physician must be judged by the evidence of his fellow physicians. Nor can juries neglect to accept this evidence. The profession has always maintained this view and must be gratified that it is now confirmed by one Supreme Court."

BOOK NOTICES.

LECTURES ON ORTHOPEDIC SURGERY AND DISEASES OF THE JOINTS. Delivered at Bellevue Hospital Medical College during the winter session of 1874 and 1875. By Lewis A. Sayre, M.D., Professor of Orthopedic Surgery and Clinical Surgery in Bellevue Hospital Medical College, etc., etc. Second edition. Revised and greatly enlarged, with 324 illustrations. New York: D. Appleton & Co., 1, 3 and 5 Bond Street. 1883.

Like other arts and sciences, this special surgery is the outcome of gradations of varying progress from the days of Hippocrates and Celsus, the former of whom taught the method of bandaging in cases of Congenital Talipes, still held to be sound in principle;—the latter described the radical cure of Hare-lip, and of other con-

genital deformities which have not been materially improved upon in modern days.

One of the most important steps, in comparatively modern gradations, was the employment of tenotomy, nearly two hundred years ago, by Isacius Minius, in Holland, in the case of a boy twelve years old, for the relief of Torticollis.

Tenotomy, however, fell into disuse for nearly a hundred years on account of the belief entertained by as great a surgeon as Boerhave that the tendons were endowed with great sensibility and that their section was attended with grave danger.

Lorenz of Frankfort performed the first operation for the relief of club-foot by the division of the tendo

Achillis, by making a complete division of the soft parts, which allowed immediate descent of the os calcis to the extent of two inches, and in six weeks the wound was healed.

The next important step was the invention by Scarpa, in 1808, of a shoe intended to straighten distorted feet.

Then followed, thirty years after, the invention of sub-cutaneous tenotomy, by Louis Stromeyer, of Hanover, by which a great impetus was given toward establishing Orthopædic surgery as a successful specialty.

The names of many surgeons might be mentioned who assisted to this development, in connection with those of Dieffenbach and Langenbeck, of Germany, and Guérin, Marjolin, Delpech and Malgaigne, of France.

Orthopædic surgery in England is largely indebted to Dr. Little who established the Royal Orthopædic Hospital in London, where, within the following ten years 1,200 patients were treated. Being himself the subject of congenital club-foot he could appreciate the vast importance of the subject.

In the United States the profession raised every obstacle in the way of Orthopædic surgery, being opposed to any innovations, and especially to the sub-division of medical science into specialties,—the consequence being that the majority of cases of congenital deformity, especially Talipes and spinal curvatures, were relegated to mechanics, to whose ingenuity was submitted their correction or aggravation, as might happen.

In 1834 Dr. David L. Rogers, of New York, performed Tenotomy for the first time in this country, and in 1838 Dr. Richardson, of Kentucky, wrote an elaborate essay on the subject.

Subcutaneous Myotomy was introduced into this country by Prof. Detmold in 1887, direct from the

clinics of Professor Stromeyer in Germany.

Dr. Valentine Mott published in 1842, in the most enthusiastic terms, what may now be looked upon as prophetic visions of the future of Orthopædic surgery, which, he claimed, would, "by its magic touch, unbind the fettered limbs, restore symmetry to the distorted form, give mobility to the imprisoned tongue, and directness to the orb of vision."

And yet Dr. Mott, having already then achieved a reputation as the greatest of American surgeons, and at an age when he considered himself declining, went to Paris and devoted himself as a student for *three years* to the special study, among the leading surgeons of that capital, of Orthopædic surgery in every detail then known.

Notwithstanding the several discoveries and inventions of this array of illustrious surgeons, Prof. Sayre may be justly credited with having brought Orthopædic surgery nearer perfection than had been accomplished by the combined efforts of all his predecessors.

He has developed a genius for unravelling the most intricate questions in his specialty, and by devising ways and means to restore and correct the deficiencies of nature, has done more to ingratiate himself in the lasting affections of thousands of reclaimed unfortunates, than any surgeon known.

From our outlook, his reputation stands higher for the good he has done, than that of any living surgeon; and no more enduring monument is needed to perpetuate his name, than the volume now before us.

A PRACTICAL TREATISE ON DISEASES OF THE SKIN. By Louis A. Duhring, M.D., Professor of Diseases of the Skin in the Hospital of the Uni-

versity of Pennsylvania, etc. Third edition. Philadelphia: J. B. Lippincott & Co. 1882.

No physician who desires to keep pace with advancing knowledge in medicine will overlook the comprehensive department of diseases of the skin, nor will he find the subject anywhere more ably treated than in this volume.

The work is divided into two parts. Part first is devoted to the general consideration of the anatomy and physiology of the skin, and to the symptomatology, etiology, pathology, diagnosis, treatment, prognosis, and classification of its diseases. Under part second special diseases of the skin are discussed in the order of their classification. The author's classification is a modification of that of Hebra's, and, with the exception of parasitic diseases, which are classified as to cause, rests upon anatomical and pathological grounds. In every case the technical name of the disease is accompanied by its popular synonyms, and the German and French terms are also given. This will be a great help to those who have not made a special study of dermatology.

This book is so well and so favorably known that a simple announcement to the profession through the medical press of a new edition will be sufficient to secure for it a large sale.

A MANUAL OF AUSCULTATION AND PERCUSSION; Embracing the Physical Diagnosis of Diseases of the Lungs and Heart, and of Thoracic Aneurism. By Austin Flint, M.D., Professor of the Principles and Practice of Medicine and of Clinical Medicine in the Bellevue Hospital Medical College, etc. Third Edition Revised. Philadelphia: Henry C. Lea's Son & Co.

This work, though small, is sufficiently large to fully describe, in a satisfactory manner, all the mysteries of auscultation and percussion.

An evidence of its acceptability to students and practitioners is the fact that it has reached a third edition. It is but two years ago that the second edition was issued. This edition has been revised and improved in a number of particulars. Its scope is confined exclusively to auscultation and percussion, and does not treat of other modes of physical examination. This is undoubtedly a merit, especially in a work for students, who do not have their minds, in consequence, confused by any collateral subjects.

STUDENT'S GUIDE TO DISEASES OF THE EYE. By Edward Nettleship, F. R. C. S., Ophthalmic Surgeon to St. Thomas' Hospital, etc. Second American from the Second Revised and Enlarged English Edition. With a Chapter on Examination for Color Perception. By Wm. Thompson, M. D., Professor of Ophthalmology in the Jefferson Medical College, 12mo., pp. 416. Philadelphia: Henry C. Lea's Son & Co.

Having been prepared especially for the use of students, this little volume is better suited for them than any work with which we are acquainted. Exceedingly plain in its descriptions, without presuming that the reader is learned in medicine, it must become a very satisfactory companion to the student while in attendance upon Lectures. It will be found of great assistance in preparing for examinations.

The American publishers announce that they have spared no pains to place the work, in every particular, upon a level with the latest developments of the specialty of which it treats. Dr. Wm. Thompson who is well known for his investigations upon the subject, has added a Chapter on Color Blindness. A number of defective illustrations that occurred in the previous edition have been removed, and about fifty new ones have been added.

QUARTERLY EPITOME
OF AMERICAN
PRACTICAL MEDICINE AND SURGERY;
Supplementary
TO
BRAITHWAITE'S RETROSPECT;

CONTAINING A RETROSPECTIVE VIEW OF EVERY DISCOVERY AND PRACTICAL IMPROVEMENT IN
THE MEDICAL SCIENCES, ABSTRACTED FROM THE CURRENT MEDICAL JOURNALS
OF THE UNITED STATES AND CANADA.

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PRACTICAL MEDICINE.

CONDITIONS AFFECTING THE SYSTEM GENERALLY.

HOW TO DEAL WITH CHOLERA.

The *Lancet* takes a very positive and hopeful view of our ability to cope with cholera. It seems strange that the disease should so persistently spread when disinfection will so promptly stop it. The fact is, the *Lancet* is too sure of its statements. Cholera can be checked, but it cannot always be at once stopped by any method if it once gets a strong foothold. Our contemporary says: "What, however, we do assert, is that medicine, as a preventive art, in its dealings with the germs of disease, ought to be able to grapple instantly and successfully with cholera. We know that it is propagated solely through excreta, and that water is the great carrier of the infective germs. Obviously, if the excreta of a cholera patient are allowed to dry in contact with the air, they may float away in the atmosphere, and the air will then become infected; but in a primary sense it is the water to which we must look. In any case, it has been demonstrated that, provided all the excreta from a cholera patient are instantly destroyed—not merely disinfected—the disease will not spread. The malady can no more develop *de novo* than a plant can grow without seed. It is no use waiting until the disease has effected a lodgment in our midst. If choleraic dejecta have passed into the sewers before the nature of the disease has been recognized, as is most likely to happen, the seed has been already sown broadcast, and the production of a crop of cases in some locality—it may be seemingly far from the first case, but in connection with it—will be inevitable. The only effectual safeguard against the epidemic we desire to avoid is to begin at once to destroy *all* diarrhoea stools, lest too late they may be found to have been choleraic! As a matter of precaution we ought always to destroy the stools of fever and diarrhoea. It is wanton recklessness to allow them to pass into the sewers. This is how disease is spread and perpetuated, when it should be stamped out. Whatever disinfectant we employ should be used *at once*, and of strength sufficient to accomplish the object in view. These are hints which should be reduced to practice without delay."—*Medical Record*, July 28.

WHISKEY *VERSUS* MICROCOCCI.

"I care not," said a gentleman the other day, who is well known for the practical nature of his contributions to medical science, "I care not whether micrococci are the cause per se, or whether they are the vehicles carrying the cause of zymotic diseases, but I do know one thing—they possess great prognostic value."

He then went on to describe his belief in the following proposition: That in scarlet fever, measles, puerperal fever, and the like, when a microscopic examination of the blood demonstrated the presence of large quantities of granular matter (call them micrococci, or whatever you choose), the prognosis is very bad.

This matter, he believes, acts mechanically, it obstructs the capillary circulation, causing the formation of heart-clot, and death from mechanical interference with the circulation.

In support of this view, he cites numerous instances where this granular matter has been found in the blood, when, after death, enormous clots are found in the right ventricle, while the left ventricle is found firmly contracted, dying in systole, failing to overcome this mechanical obstruction offered by this granular matter in the capillaries.

When he finds this condition under the microscope, his prognosis is grave, and *vice versa*.

The discoloration of the skin, found after death in these so-called malignant cases, he considers due to this capillary stasis.

Still further, and what is of greater moment, he is convinced that alcohol possesses great power to alter this morbid condition of the blood. "Make your patient drunk, if you can, but you will find that the tolerance of alcohol in these cases is something wonderful. I used to use carbonate of soda and digitalis, and I lost my patients; I now use whiskey, and I save them." As soon as he has reason to suspect a grave case, from the severity of the symptoms, he commences to use alcohol and pushes it to the stage of intoxication, and he has had most excellent results.

Our authority is so well worthy of confidence that we would be glad to have his recommendations heeded and to have our readers give the alcohol treatment of grave zymotic diseases a fair trial.

It is truly refreshing in these days of ponderous, wordy, theoretical, micrococcal discussions, to have some reliable authority tell us something truly practical about them.—*Editorial in Med. and Surg. Rep.*

THERAPEUTICS OF SEA-BATHING.

The fact that many persons derive great benefit from sea-bathing shows that it is capable of modifying nutrition in a decided manner; and, in truth, its hygienic and restorative effects have long been recognized and appreciated. Since the tonic and invigorating qualities of the sea are so evident in some cases, it is quite possible that in conditions where it is unsuitable it may be equally potent for harm; and physicians have frequently brought to their attention patients who had thus been injured rather than benefitted. It would seem as if the personal factor must enter into the determination of the problem, and idiosyncrasy very largely affect the results; but there are certain general conclusions founded upon experience, which may serve as a guide when the family physician is called upon for his opinion as to the effects of sea-bathing in a particular case. * * * Generally speaking, the effects of sea-bathing are unfavorable to persons of delicate constitution, and to those in whom for any reason reaction does not take place readily. Young infants should not be taken into the surf on this account, and larger children should not be allowed to remain in until they are chilled. Sea-bathing, on account of the stimulating impression upon the nervous system and circulation, should not be undertaken during active digestion, nor at any time by plethoric persons or those in whom congestions of internal organs are to be feared. Among contra-indications may be classed marked diseases of the kidneys, liver, heart, or brain: and menstruation and pregnancy are conditions as unfavorable as albuminuria. Persons subject to hæmoptysis must use great caution in bathing in the sea; and anæmic subjects are liable to have symptoms of collapse from imperfect reaction. In elderly persons with rigid arteries, when the system is unable to react promptly, a bath may be attended by serious consequences, and, if the degeneration of vessels is decided, syncope or apoplexy may occur while in the water, or a fatal congestive chill may follow.

The question whether a phthisical subject will be benefitted at the seashore, should be answered with caution. Undoubtedly some cases have been greatly benefitted; it is also, unfortunately, true that in many others the downward course is only hastened by the bracing, moist sea-air. If the dis-

ease be at all advanced, the chances are that the sea-shore would, as the rule, be a bad place for a consumptive; if, on the other hand, the disease is just beginning, possibly the favorable influence upon general nutrition may more than counterbalance the evil effects upon the lung. To persons in ordinary health, who have been fatigued by business cares and overwork, or to others recovering from sickness, under suitable precautions and proper care sea-bathing exercises powerful and prompt restorative effects. It increases tissue-change and excretions, and is therefore a valuable alterative; it improves the appetite and favors digestion, and is therefore a tonic; it quickens the circulation and invigorates the nervous system, and is therefore a general stimulant; but these advantages apply only to appropriate cases; in others injurious effects more or less permanent may follow.—*Editorial in Medical Times, July 28.*

EXHAUSTED RAILWAY SERVANTS.

With alarming frequency we have lately heard of exhausted railway servants failing to keep awake at their posts. (*The British Medical Journal*). Last week, on one of the chief and busiest railroads in the kingdom, a disaster was imminent, because an engine-driver and his fireman fell asleep on their engine, in front of the Irish mail. We are informed that an engine had taken an excursion train to Bangor, and was returning with a train of empty carriages to Chester. Just after midnight this train left Llandudno Junction all right, and should have passed Colwyn some minutes afterward, but, as half an hour elapsed and its passing was not signaled, the officials became alarmed. The Irish mail from London to Holyhead was due to pass Llandudno Junction about one o'clock; but, fortunately, the driver saw the lights against him and stopped his train. An inspector went down the line, and found the empty excursion train at a standstill on the rails. The driver and firemen were fast asleep on their engine, and the fire in the fire-box was almost out. Had not the block system been in perfect operation an appalling accident might have resulted, as the mail train runs at great speed from Holyhead to Chester without stopping. It is reported that the driver and fireman who fell asleep misrepresented at Bangor the time they had been on duty, or they would not have been allowed to proceed on their return journey. This striking instance again makes clear the peril to which the traveling public is exposed from the risk of exhausted railway servants succumbing to fatigue at their posts. The legislature has long ago limited by stringent enactment the hours of toil in our factories, but it still leaves the work of the railway servant unrestricted. If railway companies were liable to legal process for overworking their servants, and not merely for proved damages arising in consequence of such overwork, and if efficient care were taken to render misrepresentation impossible on the part of the railway servants, as to the time they have been on duty, it is not improbable that railway "accidents" might become less frequent. With increasing traffic on our railroads, and with increasing speed in trains, the points to which we have referred urgently demand general and complete revision and safe adjustment.—*Louv. Med. News, July 28.*

DANGER OF SPREADING DISEASE BY BOOKS.

The *Lancet*, quoting the alleged communication of yellow fever to an official in Paris, through a despatch from Brazil, says circulating libraries are common sources of peril. It would be difficult to imagine a more powerful medium for conveying disease than books. Organic particles carrying infection may lie for weeks, months or years, between the pages of a bound book, to be dislodged by some susceptible person handling it. Measles, scarlet fever, diphtheria, ordinary "sore-throat," whooping cough, bronchitis, (perhaps phthisis) and other chest affections and some skin diseases, are most easily communicated by this means. Books cannot be disinfected

without injury and hence should be destroyed after use by those suffering with the class of diseases mentioned. Despatches and letters come under the same category.—*Md. Med. Jour.*, July 21.

CAREFUL EARLY DIAGNOSIS.

How apt the physician is to honestly believe that the failure of his treatment is due to the inefficacy of drugs! This is a scapegoat to which have been transferred multitudes of grievous errors, greatly to the relief of consciences which in its absence must have been desperately miserable. As a rule, too little care is given to diagnosis, failure in which is fraught with the possibilities of great mischief, for it is the index to the choice of therapeutic agents. The slightest deflection in the pointer may lead far into the quagmire of error, once in the midst of which the physician with the *materia medica* at hand, becomes the blind giant armed with a club. In the routine of practice the physician who has faith in the healing force of nature, and recognizes the tendency of the disturbed system to the equilibrium, finds comparatively little necessity for determining the precise nature of the disturbance. He makes a superficial examination of the tongue and pulse, with a view to determining the condition of the digestive and circulatory apparatus, prescribes to "correct the secretions," and leaves the case to his ally *vis medicatrix naturæ*, which, with comparative infrequency fails to fulfill his expectations. The success attendant on this practice encourages carelessness to such an extent that it is probably the exception rather than the rule that the necessary pains is taken on the first visit, to make a diagnosis which will obviate the necessity of changing the prescription at the next visit. Many physicians (younger physicians particularly) it is to be feared, are also tempted to rapidity of diagnosis, thinking thereby to establish a reputation among the laity for a quickness of perception and keenness of insight, which a deliberate and detailed examination of the case would not enhance.

Be the motive what it may, a superficial diagnosis of a single case with a view to prescribing for it is an injustice to the patient, and tends to create distrust of the value of therapeutics, even in the mind of the physician.

Sir James Paget referred to this subject in a recent address. "I suppose," said he, "there is not a medicine in the *Pharmacopœia* which does not sometimes disappoint him who gives it hopefully; not one which is not, therefore, spoken of with contempt or blame, as if it were a responsible agent convicted of default. But here is an unfair imputation. It is not these medicines which are in fault, but ourselves. That which some call the fallacy of therapeutics is generally the fallacy of diagnosis. To state the facts roughly, we suppose cases to be alike which are really different, and, very naturally, the medicine which does good in some of them, is useless in others.—*Med. Age*, June 11.

SPREAD OF INFECTION BY PAWNBROKERS.

At the present time, when several zymotic diseases are epidemic in some parts of London, and in certain urban districts throughout the country, it may be useful to draw attention to a source of propagation of infection among the poor, which sanitary authorities appear seldom to consider, or often to overlook. We refer to the spread of contagion through the medium of clothes deposited in pawnbrokers' shops. The persistency with which the contagium of certain zymotics, and especially of measles, scarlatina, and small-pox, clings to clothes is well recognized by the medical profession. Not a few cases have been recorded of the propagation of these diseases by means of the retention of infecting power in clothes, which had been shut up in boxes for months after exposure to the original infection.—*Gaillard's Med. Jour.*

McDANIEL'S METHOD OF ARTIFICIAL RESPIRATION.

The *New Orleans Medical and Surgical Journal* calls attention to a method of artificial respiration discovered by Dr. A. McDaniel, of Alabama, and, very justly, we think, after having read a description of it, complains that it has not received merited recognition by the profession. That the fault has not lain with the discoverer is evident from the fact that he read a paper describing it before the American Medical Association in 1869, and another before the Alabama State Medical Society in 1879. The method is in many respects an improvement on Marshall Hall's and Sylvester's methods: it is especially adapted to small patients. We give a description of it in the author's own words, as copied from our contemporary:

"After the invention of the spirometer, by Hutchinson, it was soon ascertained that the capacity of the chest is greater in the erect form than in any reclined or recumbent position. This is a great fact for physiology, for pathology, and for therapeutics. The chest is a cylinder, and the diaphragm is a piston whose pump motion varies the chest capacity and causes an ingress and egress of air. In the recumbent position the liver and other contents of the abdomen press upon the diaphragm and diminish the chest capacity. In changing from the recumbent to the erect position, this pressure is gradually removed and the chest capacity is increased. It is obvious that all that is necessary to cause air to enter the lungs, is to change the patient from any recumbent or any inclined position to the erect one; and all that is necessary to cause the air to pass out of the lungs is to move the patient back from the erect to any inclined or recumbent position. But I have discovered that the increase of capacity in the chest is slow and small in moving from the recumbent position to an elevation of forty-five degrees, and rapid in ascending from forty-five degrees to the erect position. It is, therefore, not essential in practicing artificial respiration to move the patient through the whole range from recumbency to erectness, but is sufficient to use only the upper half of this range, merely moving the patient from a forward inclination of forty-five degrees to the erect position and back again. Every upward and backward movement produces an inspiration, and every forward and downward movement an expiration, and the two together a complete respiratory act. By regularly repeating these acts, artificial respiration is rhythmically performed, and can be prolonged at will. Any one will find that if he leans forward from the erect position to an inclination of say forty-five degrees, he will mechanically and involuntarily expire, and if he moves back to the erect position he will mechanically and involuntarily perform inspiration. He cannot, by any power of volition, prevent the result or reverse it. This simple movement upward and backward to the erect position, and downward and forward to a sufficiently inclined position, regularly repeated, constitutes my proposed new method of artificial respiration."—*Medical Age*.

LAUNDRIES AND INFECTIOUS DISEASES.

The danger of sending infected linen to the common laundry without previous disinfection, says the *British Medical Journal*, must be obvious to any thoughtful person; but, like many other obvious things, this danger needs to be impressed again and again upon the attention of careless householders. A laundress may, unwittingly or otherwise, be both the recipient and the retailer of infectious particles; and to her powers of mischief in both capacities the following examples eloquently testify: Dr. Cameron, of Hendon, writes that laundries are a constant and prolific source for the introduction of small-pox, scarlet fever, and other diseases. Indeed, all the cases of scarlet fever and small-pox that occurred at Hendon during the past year were either introduced by persons coming into the district with the disease upon them, or through the medium of infected clothing being sent to be washed without previous disinfection. In September, scarlet fever was introduced through this medium, and thirteen children were attacked.

Another outbreak in December seemed to emanate from one of the laundries, but, the children being at once isolated, the disease did not spread. Dr. Bruce Low, of Helmsley, in Yorkshire, has a remarkable experience to record. A young girl was hired to go to a house where there were two convalescents from scarlet fever, of which cases she was aware when engaged. A week after she went to her situation she contracted the disease, and was sent home as soon as the rash was discovered. No medical advice was sought, to avoid what her mother called "bother." This woman took in washing, and, as soon as the daughter was able to go about, she was sent out with the clean linen to the various houses. At one house, at least, the coppers received from the girl in change from the washing-bill were accompanied by large flakes of skin, which had peeled off the girl's hands. At the house where the scales were received with the coppers and the linen there were subsequently several cases of severe scarlatinal sore throat. These facts were only traced some few weeks afterward; too late, of course, to prevent the mischief.—*N. Y. Med. Jour.*, June 23.

TIMELY CATHARSIS.

THOMAS N. REYNOLDS, M. D., Professor of Materia Medica and Therapeutics, and of Clinical Medicine in Detroit Medical College, writes:—Generally it is not difficult to know whether to give or withhold some form of cathartic, but sometimes it requires of the most experienced the best consideration. A severe cathartic many times may be fatal; and so may withholding it be, at others. In other cases recovery may be retarded by too frequent purging; and in more, retarded by withholding the appropriate cathartic.

We will refer briefly here to the use, rather than the abuse of these remedies.

1. In habitual constipation, where diet, exercise, regular habits, nervous tranquility and other advisory measures fail, it is necessary to give some laxative cathartic. The strength of the dose will vary with almost every individual; but the mildest should be used, if sufficient to produce one daily action of the bowels. Sometimes a glassful of warm water before breakfast will suffice; but again it may be necessary to begin with a large dose of some active cathartic, and then gradually decrease it to nothing at all.

It is the important office of the lower bowel to remove from the body the unappropriated part of the food, and a large part of the general excrementitious tissue waste. This failing, the kidneys are vicariously overworked, and from this undue irritation, sometimes ultimately succumb to chronic interstitial inflammation. Every other organ and tissue also suffers from the presence in the blood of the re-absorbed excrementitious matter.

With regard to the kind of cathartic, many think some kind in particular is especially superior to every other; but that is not usually the fact. Any one of the scores of cathartics, taken in just sufficient quantity to produce the daily action, will generally accomplish the result as well as any other.

With most persons the morning is the best time. One of the excito-motor neurotic remedies is sufficient for some persons at times. Minims ij or iij of tincture of nux vomica in water taken every hour for a few doses on rising, or the same of belladonna, will often suffice; and warm coffee is a very constant and often quite prompt stimulus to intestinal peristalsis. Enemas may very properly be used in some cases; but continued injections are not generally an advisable mode in chronic constipation.

2. Many cases of very extreme dyspepsia that resist all other forms of treatment, and are found to have been preceded and accompanied by constipation, are relieved at once, and ultimately cured by gentle catharsis.

3. In almost every injury or acute disease not connected with the bowel itself, and involving a taking to bed, an immediate evacuation of the bowels is a leading essential, if an existing laxness be not ascertained. It not only relieves the alimentary canal, but wonderfully relieves that high arterial tension seen in most subjects immediately after the injury, or reaction from shock, or after the invasion of any acute inflammation or essential fever. It

acts as a revulsant of nervous energy from the circulatory apparatus, and thus lessen the abnormal frequency and violence of cardiac and arterial contractions. It may not always be best to repeat it if high arterial tension remains or returns, and it may sometimes be better to give hourly minim doses of tincture of aconite or veratrum viride, or large doses of quinine; but many will bear a second cathartic action well, and will be more permanently benefitted thereby.

4. In acute lobar pneumonia of the plethoric, a prompt and active cathartic is very important when given early. The benefit is threefold: It acts as an ordinary evacuant, depletes the general circulation, and diverts in a degree, local vaso-motor nervous excitement from the pulmonary vessels. Cathartics are useful in the same stage and same class of cases of acute lobar pneumonia that so many of the older practitioners found benefitted by the abstraction of blood.

5. In acute congestion of the liver from dietary causes, whether temporary and mild, or more prolonged and severe, nothing is so radically beneficial as an occasional cathartic. Strict limitation of the dietary to cool acid drinks for the first few days is very largely curative in itself; but if the pulse be full and bounding at the wrist, a sharp purgative will act like a charm. I saw this marked in a young man lately, with hepatic congestion and an extreme supra-orbital neuralgia. Of course quinine is indispensable in conjunction, if from malarial origin.

6. In a case of trifacial neuralgia with severe and frequent spasmodic paroxysms, under my care at St. Mary's Hospital last winter, an active cathartic arrested the attack for forty-eight hours. The colon was full, however, and the patient had been on opium since the onset, three days before. Its return was not so severe, and she recovered slowly. Occasional anodynes sufficed when solid food was withheld. Solid particles excited a paroxysm when in contact with the palate.

7. In acute rheumatism, particularly in robust subjects, an active cathartic in the early stage is wonderfully ameliorating to all the symptoms. In one young gentleman, the frequent subject of acute rheumatism, an active cathartic has in a few instances aborted the attack.

8. In almost all acute head or central cerebro-spinal symptoms, a brisk cathartic is likely to be very beneficial, acting in these mostly as a revulsant of innervation.

In active delirium from cranial injury, I have been much impressed with the benefits of an active cathartic. In January, 1874, a George N., aged 14 years, received a fracture of the temporal bone near the base, from the newly sharpened calk of the shoe of a horse he was leading from the shop. His delirium was violent and it was difficult to sew up his ear which was nearly cut off by the same calk that produced the fracture. It was impossible to give him a pill or anything but water. Since he drank with avidity, I conceived the idea of placing two drops of croton oil on a small glass of water. This he grasped at and drank, and in an hour and a half had several watery passages from the bowels. His delirium began to leave when the bowels began to move, and had disappeared when they ceased. It never returned, but his intellect was dull for some time after he got up. He forgot the names of things and asked for beets, as "some of those red things," at the table one day. Since this case I have never forgotten the ease of giving a cathartic in the shape of croton oil on water, in active delirium, where patients drink with avidity, but become violent when desired to take anything else.

9. In puerperal mania and puerperal eclampsia, a pronounced cathartic is important, and must rarely be contraindicated at the onset. In a plethoric woman it is indispensable if constipation exist, and I believe that nothing can then take its place in efficiency of service.

On July 19, 1878, I was taken by Dr. Wm. McDonald, then practising in Detroit, but now practising in Boston, to see a case of puerperal mania in a rather robust primipara. It was two and a half days after delivery, and two days of unremitting puerperal insanity of the maniacal form.

She was being forcibly held, screamed almost incessantly and dashed from her everything but an occasional drink. There was no uterine inflammation,

the bowels had not moved, and we gave her three drops of croton oil on her next glass of water. A full evacuation followed, with two or three watery passages afterward; she grew gradually quiet, soon went to sleep, and had not any more symptoms of puerperal insanity.

In violent hysteria the benefit of a cathartic is often as great.

In puerperal eclampsia a prompt and drastic cathartic like three drops of croton oil, repeated if necessary, will often arrest the paroxysms and cure the patient, unless too comatose and weak from frequent repetition. It is almost equally effective whether the eclampsia be from uræmic toxæmia, or from reflex nervous excitement. It acts, in both, by diverting vascular and nervous excitement from the head to the great mucous surface of the alimentary canal. In uræmia, it eliminates urea as well; and unless there be diarrhœa, it is a crime then, to delay it a moment.

In two almost hopeless cases of puerperal eclampsia, of which I had personal knowledge, my brother Dr. Henry J. Reynolds, after resorting to chloroform, etc., gave in each, three drops of croton oil every two hours, till nine drops had been taken before catharsis began. Purging soon followed however, and in both recovery took place. These cases were reported at the Northeastern District Medical Society in 1881, and published on page 145 of No. 4, vol. v, of the *Detroit Lancet*, and abstracted on page 554 of No. 4, vol. ii, of the *Quarterly Epitome of American Medicine and Surgery*, supplement to *Braithwaite's Retrospect* of the same year.

10. In affections of the kidneys and skin, to speak in a general way, the bowels should be kept carefully, sufficiently active. In many affections of each it cannot of course cure, but in none can it do harm, and in some, especially of the skin, a judicious diet and action of the bowels will effectually manage the malady.

I have had under observation for two years a generously living gentleman aged 74, the subject of chronic eczema rubrum, in whom a single failure of the daily action of the bowels, produces invariably an increase of redness and almost intolerable itching, which nothing locally, excepting hot water, even temporarily relieves, but which is effectually removed by a resort to cathartics.—*Medical Age*.

DANGEROUS FUNERAL ETIQUETTE.

We have recently seen protests in both American and English journals against the dangerous practice of standing with uncovered head during funeral services at the grave, especially in cold weather. A clergyman at Tarrytown, N. Y., was recently prostrated by a severe cold brought about in this way, which leads the *Christian at Work* to say:—

A man, be he clergyman or layman, who leaves a close carriage to stand in the chilling air of a cemetery with uncovered head, does so at the peril of his life. Let the practice cease instantly. The Jewish idea of reverence insists upon the covered head in the presence of Jehovah. So there is nothing necessarily wanting in reverence in having the head covered during a funeral service, but, on the contrary, much that is irreverent and wicked in disregarding the plainest law of health in removing the head-covering at a time when to do so is to expose one's self to one of the deadliest of diseases. We need to put this absurd custom wholly away, and the clergy and the physicians in their several towns and villages can help us to a newer and better order of things.

The London *Telegraph*, referring to the same danger, not only out-of-doors, but within the chilly walls of foreign cathedrals and churches, remarks:—

Many of the distinguished and more elderly mourners at the interment of the Duke of York died from bronchitis within a few weeks of the royal obsequies; the Marquis of Londonderry's funeral in Westminster Abbey in 1822 was equally disastrous to the aged or delicate among those who gathered round his tomb; and the funeral in Père le Chaise of the celebrated French jurisconsult, M. Robert de St. Vincent, is said to have decimated the senior ranks of the Paris bar, one of the victims being Brillat Savarin, the author of the "*Physiologie du Goût*."—*Science News*, June.

IMMUNITY OF COPPER WORKERS FROM CONTAGIOUS DISEASES.

At a recent meeting of the *Société de Biologie* of Paris, Dr. BURQ presented an interesting communication upon the immunity enjoyed by workers in copper during epidemics of cholera and typhoid fever (*La Tribune Médicale*, April 29, 1883). He stated that of forty thousand such workmen, two only died during each of the epidemics of typhoid fever in 1876 and 1883. Furthermore, the statistics of a society of three hundred members, all copper workers, showed that during the entire period of the existence of the organization (sixty-four years) there had been but three deaths from epidemic diseases among its members.—*Med. Record*, June 28.

CONVULSIVE PERNICIOUS FEVER.

The convulsive form of pernicious fever is rarer than the comatose form. Nevertheless examples of the former have been cited. Horn de Wolf Coural have published cases of tetanic pernicious fever; Caldera Lautter cases of epileptic pernicious fever. Dr. Roy publishes in *El Genio Medico-Quirurjico* (March, 1883), a well marked example of the latter variety. The patient, a nervous child of eight years, without any epileptic antecedents, was suffering from a rebellious tertian fever for nearly six months. One day it suddenly lost consciousness. Dr. Roy found it a prey to a violent eclamptic seizure, with trismus and stiffness of the neck, considerable coldness of the extremities, and extreme feebleness of respiration. Indigestion was surmised. Under the influence of a large warm bath, the pulse, warmth and respiration reappeared, consciousness returned, and nothing remained but a slight fever. The next morning the little patient was in good condition, and everything seemed to have terminated favorably, when, on the following day, at the same hour as the day before yesterday, the eclamptic seizures returned with the same gravity. The Doctor immediately administered to the patient a very large dose of muriate of quinia hypodermically and of the bisulphate by inunctions in the armpits and groins. A third attack was thus prevented, and the period of attack is only marked by a slight fever; that was all. As a measure of prudence, the hypodermic injections and inunctions of quinia pomade were continued for several days.—*Gaz. Med. de Nantes*.—*Cin. Med. News*, June.

YELLOW FEVER.—CREMATION.

By order of the Brazilian government, the Professor of Organic Chemistry of the Faculty of Medicine of Rio de Janeiro, Dr. Domingos Freire, is continuing the work begun in 1880 upon the cause, nature, and treatment of yellow fever, especially in regard to the existence of any peculiar microbes, their cultures, and the effects of attenuation and of anti-zymotic remedies upon them.

To three students a monthly stipend of reis 120\$000 (about sixty dollars) is allowed to aid in these studies in the marine hospital of Santa Isabel.

As a primary result of his studies, Prof. Freire has sent a communication to the *Journal Officiel de l'Empire de Brésil* (May 8, 1883), in which he states that he took in the cemetery Jurujuba, where the diseased persons from the maritime hospital of Santa Isabel are buried, a little of the soil from beneath the grave of an individual who died of yellow fever one year ago. In its aspect, odor, and other external characters, the soil presented nothing abnormal. But microscopical examination with a power seven hundred and forty diameters revealed the presence of myriads of microbes absolutely identical with those in the black vomit, in the urine, blood and other organic liquids, of patients seized with yellow fever,—that is to say, cells of *Cryptococcus xanthogenicus* in different stages of development.

A great number of these organisms executed spontaneous movements. Yellowish masses, protruding from the pigmentary substance of the cells, full of granulations, and some other black particles, débris of *Cryptococci*, were also seen. Finally, there were observed vibriones moving with rapidity.

These observations, which have been verified by MM. Chapot, Augusto Cesar, and Caminhoa, clearly show, says Prof. Freire, that the germs of yellow fever perpetuate themselves in the cemeteries, which are equally *pépinières*, where new generations, destined to devastate our city, are elaborated. After passing through the porosities of the earth, these germs disperse themselves in the atmosphere; others are carried by the torrential rains to the streets and squares, and finding there a centre favorable to their evolution, they provoke the invasions of the epidemics in the summer, the season most propitious for their proliferation.

The presence of the *microbes* of yellow fever in the cemeteries corroborates in every way the observations of Pasteur made relatively to the *microbes* of malignant pustule.

To prevent the spread of yellow fever, the professor proposes cremation of all persons who die of the disease.—*Med. Times*, June 16

YELLOW FEVER.

This was the title of a paper by Dr. ROBERT D. MURRAY, of U. S. Marine Hospital Service, read at the Amer. Med. Ass'n in his absence, by Dr. Thurman Miller, of Chicago. The author specially urged that the patient should go to bed as soon as the earliest symptom occurs, and let him have warm foot baths and absolute and constant quiet of both mind and body. Light diet should be allowed; and as convalescence sets in, give tonics. To stop the vomiting, give charcoal early, and pieces of ice may be allowed to melt in the mouth. If hæmorrhage should occur in the stomach and is not vomited, remove the blood by gentle purgatives. The symptoms should each be met as they arise by the usual remedies, but always exercise the utmost caution to prevent or relieve nausea.

Dr. Henry F. Campbell, of Augusta, Ga., said that bleeding of plethoric patients was frequently attended with good results. In the case of a husband and a wife with the disease, the woman vomited blood and recovered; the husband could not vomit, and a pint of blood was taken from his arm, but it was not enough to save him. Vomiting should be encouraged by hot-water drinks—a dozen glasses, if necessary.—*Va. Med. Mo.*, July.

MILZBRAND.

The following are the main symptoms of milzbrand (malignant pustule—charbon, Anthrax malignus,) as given by the government at Opeln, Germany (*Deutsche Med. Zeitung*), as several cases have recently occurred in that neighborhood. Malignant pustule is a specific infectious disease which occurs chiefly in herbivora, and can be transmitted from these to various other animals and man. The poison is due to the presence of bacteria in the blood of the animals, deposited most profusely in the spleen, as well as in the mucous membrane of the intestine and the lymphatic glands. In consequence of the immensely rapid multiplication of these spores, not only the interior and exterior of the animal is filled with them, but also the ground, the food, the drink, and the stalls of the animals. From experience we know that malignant pustule arises most readily in damp river valleys and on warm, humid ground, rich with humus and underbedded with clay, which prevents drainage. Pasturing animals on swampy meadows, and watering them from stagnant pools, as well as feeding them on plants that grow in the localities where the cadavers of animals dead with malignant pustule lie buried, will favor the production of the disease. The disposition to malignant pustule is different with various animals. Sheep, goats and

cats are most readily taken, then horses, swine and dogs, while cattle have comparatively the least disposition to be infected. The symptoms are peculiar. In herbivora the magignant pustule is generally manifested suddenly. Animals that a few minutes before were quietly feeding, retreat from the trough, extend their head and neck, and die in a short time. Rarely do they live several days; then swellings appear in various parts of the body, which sometimes acquire large dimensions. At first hot and painful, they become cold in twelve to twenty-four hours. Often gases are developed in them, so that when the hand is passed over the tumors crepitation is produced, and from one or more openings sanguinolent pus exudes. This as well as any manipulation with the quickly decomposing cadaver will very readily infect the human subject. Malignant pustule does not occur idiopathically in man, the only means of infection being direct transmission of the poison from animals. In most cases infection results from occupation with animals sick with malignant pustule, or in slaughtering these animals, and especially in flaying and eviscerating them. As the poison is uncommonly tenacious, is not destroyed by considerable cold, and persists in its virulence, even after years, it may be readily transmitted from the offal of the cadavers to dealers in hides, tanners, harnessmakers, and woolcombers. Even from stockings made of the wool of the diseased sheep, infection may occur. Not infrequently flies have been proven to be the carriers of the poison. The consumption of meat of animals who suffered from malignant pustule is highly dangerous to man. It is, therefore, necessary to use the greatest care in handling such diseased animals or their cadavers; also, in removing the cadaver or its excreta and disinfecting the ground and surroundings of the diseased animal. The best method to dispose of the cadaver is to burn it or to boil it until the soft parts have entirely fallen to pieces. The interment of the body is not sufficient security against the propagation of the poison.—*Med. Rev.*, June 16.

A CASE OF CEREBRO-SPINAL MENINGITIS.

H. V. SWERINGEN, M.D., of Fort Wayne, Ind., reports:—On Saturday morning, March 24th, 1883, I was called in great haste to see a child four years of age, son of James Tyler, residing at Fort Wayne, Indiana. Upon my arrival I discovered the child in a spasm, and remembering that I had treated him on a former occasion for a convulsion, due, as I considered, to malaria, I immediately ordered a tub to be brought in, half-filled with warm water, to which was to be added about a tablespoonful of mustard. By the time the bath was ready, I expressed the opinion that it could be of no service whatever, and had it removed without using it. Having been impressed with the peculiarity of the fit, I concluded it was one of those convulsions which usher in the disease known as cerebro-spinal fever.

There was no history of any premonitory illness whatever. The child had been at play, as usual, and when seized with the attack was accidentally or incidentally noticed by the mother to be staring at a crack in the cupboard and perfectly motionless. The mother, resting her arms on the rim of the pan in which she was washing her breakfast dishes, watched the child a moment and then, becoming alarmed, rushed to him, to find him entirely unconscious and about to fall. She then laid him on a lounge and sent for her physician.

Probably thirty minutes had elapsed from the time of seizure before any marked convulsive movements were noticed, the child remaining comparatively quiet, "staring with large eyes," as it was said, and perfectly unconscious.

Noticing an unusual degree of stiffness, rigidity and contraction of the muscles of the neck, as of those also of the extremities, more particularly marked on the whole of the left side, the pupils dilated to their fullest extent, the head drawn back, the knees drawn up, the left foot reminding me of a club-foot, the forearms flexed upon the arms, the face red, purple, highly congested, the mouth frothing, eyes open, with an occasional clonic

winking, more especially of the right; in a word, noticing almost such a convulsion as I have observed in tetanus. I at once felt certain that I had to deal with a case of so-called spotted fever.

I have had some experience in the treatment of this disease, but had never observed a case of it ushered in with a convulsion. In those cases in the treatment of which I had been successful, *I blistered early and relied on opium*, I therefore sent for two drachms of cantharidal collodion and a brush, and applied it from ear to ear, all over the nape of the neck and down the spine, nearly to the sacrum. I had with me some third-of-a-grain powders of morphia and a hypodermic syringe. Dissolving in a little water about an eighth or a sixth part of a powder, I injected it into the left arm—never having done the like before to a child of this age. In about an hour I applied the balance of the blistering liquid, and noticed while so doing that the spinal muscles responded slightly to the brushing. In a short time the blister began to raise, the pupils became a little smaller, though yet irresponsive, the muscular system gradually relaxed, the face grew paler and assumed to a very slight degree the expression of pain, and his general condition was evidently improving. He continued in about this state until 7 P. M., when partial consciousness returned and he spoke one word. Being now able to swallow, I prescribed bromide of potassium and fluid extract of ergot with an occasional dose of laudanum. During the night he seemed to have considerable irritability of the bladder, and passed some bloody urine, the result, no doubt, of absorption of more or less of the blistering liquid. Not five minutes during the night, or since the seizure, did he close his eyes; I therefore increased the doses of bromide and laudanum, and the little patient slept better during the second night. Consciousness did not fully return until Monday, when he wanted to know what made his back and neck sore; his countenance still presenting a bewildered picture, with slight corrugation of the superciliary muscle, and his words being uttered with difficult articulation. I now believe he is convalescing from a very dangerous attack of cerebro-spinal fever, which was fortunately nipped in the bud, or, in medical parlance, aborted. It is my most sacred belief that the child would have died before the expiration of twelve hours had it not been for the treatment instituted.

This opinion is supported by the fact that a boy of the same age, in the same neighborhood, attacked the same way, died of what the attending physician pronounced to be the disease in question.—*Obstetric Gazette*.

SALICYLIC ACID TO AVOID VARIOLA

The editor of the *Southern Clinic* certifies, along with Dr. CLARIDGE and Dr. DeCailhol, to the abortive power of salicylic acid in variola, given in the ordinary doses. Dr. Bryce thus concludes: "I believe salicylic acid used early and freely will place small-pox in the category with measles, chicken-pox and other trifling complaints.—*Louis. Med. News*, July 21.

SMALL-POX.—PETROLEUM AS AN ECTROTIC.

Dr. KANENSKI states that he has obtained excellent results, even in the confluent form of small-pox, by painting the skin with a solution of petroleum in olive oil, one to three or four.—*Przegląd Lekarski*.—*Therap. Gaz.*, July 16.

DIPHThERIC INFECTION THROUGH AN EAR-RING.

Dr. A. JACOBI related the history of a case at the N. Y. Soc. German Physicians illustrating the conveyance of contagium of diphtheria by means of an ear-ring. The patient, a little girl, seven years of age, had been removed from home during the course of her sister's fatal illness, and had re-

turned on the day of the funeral. The ear-rings which the deceased child had worn had been superficially cleansed, and given to the sister to wear two days later. Shortly after, one of the ear-ring holes became inflamed, and the next day the lobule of the ear was covered with a white deposit; soon after, a previously existing blistered surface behind the other ear had a diphtheritic membrane formed on it, and a day later diphtheria of the pharynx was developed.

Dr. Adler recalled a similar case observed by him at Dr. Jacobi's clinic. A child had a nævus which had been destroyed by the actual cautery. She had remained in good health, although in contact with other members of the household who at the time had diphtheria, until the eschar separated, when the fresh surface of the wound thus exposed at once assumed a diphtheritic character; the disease became general, and rapidly ended fatally.—*N. Y. Med. Jour.*, July 28.

PINUS CANADENSIS IN DIPHTHERIA.

Dr. D. M. COOL, of Wamly Iowa, sends a suggestive letter describing the results of seven years' experience with diphtheria while practising in Chicago. During this time he saw several hundred cases of all grades of severity. Before adopting the treatment which he now recommends Dr. Cool had used sulphurous acid, chlorate of potash, iron, quinine, alcohol, etc., with fair success. He writes: "There came a time when my per cent. of deaths became much too large to be satisfactory. I was called quite early in the morning to see a child of Mrs. C——, three years of age. Two doctors had just left it saying it could not live until night. While thinking over in my mind what I should do in the case, a thought struck me to try extract *Pinus Canadensis* fluid. Acting upon this thought I wrote for Keneday's extract to be applied to the throat by means of a soft swab once an hour. Internally I gave Labarraque's solution chlorinated soda, five drops once in two hours. With this I gave milk, quinine, and brandy. I called in the afternoon and was agreeably surprised to find the patient better. From that time to this, in a large practice, I have used the following: *R.* Ex. *Pinus Can.* fl. \mathfrak{z} j.; carbolic acid (95 per cent.), gtts. x. *M.* Sig. Apply (by means of a soft swab or camel's-hair brush) to the throat once an hour. Also, Internally, Labarraque's sol. chl. soda, \mathfrak{z} ij.; give, according to age, three to ten drops in water once in two hours. This, with the usual support, has been my treatment, with only the loss of four cases." A history of those cases is given, showing that in nearly every case the remedy could not be satisfactorily applied. Dr. Cool concludes: "I am not a believer in specifics, but this comes as near to one in my hands as well as in the hands of the physician whom I have given it to, as quinine is to a well-marked intermittent. In order to make it successful it must be applied frequently and thoroughly to the patient's throat, at least once an hour during the day, and once in two during the night. So far as I know, I am the first to use it in diphtheria. I had used it in leucorrhœa with fair success. The solution of chlorinated soda is useful through the chlorine it contains. In addition to this I apply salt to the throat externally."—*Med. Record*, June 23.

PAPAYOTIN IN THE TREATMENT OF DIPHTHERIA.

WURTZ and BOUCHUT first called attention to the juice of papaya as a solvent. It digests all kinds of albumen, casein and fibrin in a remarkably short time and reduces them thoroughly to peptones. Rossbach reasoned in this manner: Since papaya is an active solvent, its application to the false membrane in diphtheria cannot but act pleasantly. He was the first to use it and advocate its use in this disease. According to his suggestions Drs. Kohts and Asch introduced it at Strassburg in the clinic for children. A five per cent. solution was applied locally by means of a soft brush in quite a number of cases, with admirable results. In such cases where the disease

had progressed so far that tracheotomy was the only alternative, 3 or 4 drops of the above solution was dropped into the trachea every 15 to 30 minutes. When the false membrane was thick and spongy the remedy acted rapidly and very satisfactorily, but when the thickening was due to an infiltration the application was simply a waste of time. The following is a short resumé of the author's conclusions:

1. Diphtheritic membranes of the nose and throat are detached very readily by the application of a 5 per cent. solution of papayotin, and is then easily expectorated.

2. Bad results to the mucous membrane never followed its local use.

3. Kohts and Ash do not claim this drug to be a specific in diphtheria, but they claim that when used in time the spread of the process can be prevented and the frightful mortality rate of this disease cut down considerably.—*Therap. Gaz.*, July 16.

CROUP AND DIPHTHERIA.

G. W. CHROUCH, M.D., Shaftsbury, Mich., writes:—In the July 10th (1883) number of the *Age*, in reporting the transactions of the American Medical Association, I notice remarks on "Unity of Diphtheria and Membranous Croup"—a paper read at the Association by Dr. A. Harris, of Virginia.

In reference to this subject, it probably is generally known that very many physicians throughout the country hold the views of Dr. Harris, viz: that these two diseases are not two, but one and the same—identical. If so, how shall we account for the difference in morbid anatomy and symptomatology?

1. Croup is sporadic; diphtheria epidemic.

2. Croup is non-contagious, diphtheria is contagious.

3. The pseudo-membrane in croup is strictly *upon* the mucous membrane; in diphtheria it is not only upon, but infiltrated and submucous.

4. In croup we have to deal with a local disease, in diphtheria, with a constitutional.

5. In croup we have causation: (a) constitutional tendency, (b) vicissitudes of temperature, (c) the inhalation or swallowing of irritants; in diphtheria (these do not act as causes), exposure to the *materies morbi* only.

6. The pseudo-membrane in croup has, I believe, never been known, to invade other parts; in diphtheria it may be found on almost any delicate surface, as the lining of the external ear, the vagina, under the prepuce, conjunctiva, stomach, and on the cutaneous surface, if denuded or cut.

7. The most important difference is found in the state of the blood, after death.

It would seem that the idea of their unity was drawn from coincidences—the pseudo-membrane in both, and the cynanche (not always present in diphtheria, but always in croup, and the principal feature of the case).

As to the neuropathic elements of the two diseases, the profession are as little agreed as to their unity.

Paralysis of the laryngeal apparatus does not account for the symptoms, and the idea seems borrowed from diphtheria. Spasm seems to fully account for these symptoms. Do not our conclusions get the start, sometimes, of our reason?—*Med. Age*, July 25.

DIPHTHERITIC THROAT AFFECTION IN TYPHOID FEVER.

Dr. MORTIMER GRANVILLE contributes the following in the *Lancet*, which, if it is a fact, is a very suggestive one.

"As a matter of clinical fact—a fact too commonly overlooked, if, indeed, it be widely recognized—typhoid fever is generally preceded by an affection of the throat, which, if minutely examined, will be found to be characterized by the presence of minute pellicles of diphtheritic membrane, usually situated on the upper and posterior surfaces of the tonsils, and nearly always accom-

panied by a few small patches in the fauces. This is particularly noticeable in the Paris fever. There would seem to be a tendency to the development of this membrane in direct proportion to the intensity of the poison and the vigor of the constitution—if I may use this term—of the patient attacked, and in inverse proportion to the rapidity with which the glands of the intestine are infected. To state the results of inquiry—somewhat too dogmatically perhaps—it may be said when a patient is affected by the specific morbies of diphtheria or typhoid, the poison being the same in either case, it depends on the subject more than the disease, whether the malady will take the form of diphtheria, conventionally so-called, or of typhoid fever, and in a case in which the diphtheritic throat affection is strongly marked at the outset, there would be special danger from hemorrhage, not from deep ulceration, but from rupture of minute vessels during the course of the disease, when the diphtheritic sloughs are thrown off from Peyer's patches; the hemorrhage, if it occurs, being preceded by the appearance of exceedingly minute streakings of bright blood in the yellow, ochre-like (Budd's) portions of the stools."—*Med. Age*, June 25.

RENAL FORM OF TYPHOID FEVER.

Dr. DIDION has chosen this subject for an inaugural dissertation, and comes to the following conclusions: Typhoid fever produces a renal congestion, which plays an important part in the course of the disease. Albuminuria is almost constant, but generally slight and temporary; when abundant, it is a sign of true nephritis. The renal inflammation is both parenchymatous and interstitial, and produces certain characteristic symptoms, such as asthenia, stupor, dryness of tongue, œdema of the face and legs, lumbar pains, cutaneous eruptions (pemphigus, ecthyma, boils), and an alteration in the urine, which has a reddish color and the odor of boiled bread; in the deposit, red and white blood-corpuscles are found, as well as casts; the urine contains a large quantity of albumen. The diagnosis can easily be arrived at by the above-mentioned symptoms. The termination is often fatal, either from asthenia or uremia.

As to the treatment, Bouchard recommends carbolic acid and the salicylates, Polli the sulphates, Klebs the benzoate of potash. Leeches, mustard poultices, and cupping in the lumbar region are useful; but blisters, even with the addition of camphor, must be avoided. In certain cases, the disappearance of the symptoms is accompanied by abundant diuresis, which ought, therefore, to be favored if possible, but all diuretics are not equally good, those which possess irritating properties must be avoided. The best in these cases is milk, pure or mixed with water. Whatever may be the way in which it acts on the kidneys, it is always well borne, and its action is double; it increases the secretion of urine, and hastens the elimination of toxic principles, without producing any irritation, even in the most acutely inflamed kidney. Subcutaneous injection of pilocarpine might perhaps be useful; in one case, when the skin was dry and burning hot, Dr. Didion injected twice daily one-sixth of a grain of pilocarpine, and under its influence the skin became moist and abundant sweat was produced; the tongue also was less dry than before; the temperature fell in two days from 105.8° to 98.6° F.; but three days later the patient died, after the temperature had once again reached 104°F. New investigations are necessary before we can arrive at definite conclusions. As for the cold baths, Gubler thinks that they are contraindicated in case of nephritis, but Libermann considers their use as surely beneficial in spite of it. Several patients who had been subjected to that treatment did not complain of any inconvenience, and cold lotions rapidly applied to the trunk and limbs with a sponge seem to relieve the patient, lower the temperature, and re-establish the functions of the skin. All these advantages must be weighed against the danger of a renal congestion; but further experience alone can show which treatment is most advantageous.—*British Med. Jour.*—*Cin. Lancet and Clin.*, July 28.

ANTISEPTIC TREATMENT OF TYPHOID FEVER.

The following extract from a paper by Dr. D. W. C. WADE, of Holly Michigan, read before the Michigan State Society, has especial interest for us when read in connection with the notice in our last of the specific treatment of typhoid fever as conducted by Dr. Wilson, of Philadelphia, in the Jefferson Medical College Hospital. Dr. Wade's paper was read at the meeting on May 11, 1882:

A disease having for its pathology, inflammation and ulceration of Peyer's patches, caused by a specific poison, having, perhaps, a similar action upon no other part of the body, and generally complicated by septic infection. This definition is mine. The constitutional symptoms are those of septicæmia, and they never occur without facilities for septic infection. Were these ulcerated glands within easy reach, with our present knowledge of antiseptics, typhoid fever would be rendered of little consequence. Both the organism that preys upon this portion of the intestine, and the ingress of putrescent fluid, could be readily controlled but for the inaccessible location of the disease. In this affection it would appear that the blood poisoning occurs by the more or less continuous travel to the circulation, of small colonies of bacteria. The symptoms indicate this, and the local facilities for infection appear to substantiate this proposition. The treatment for the constitutional condition is precisely that for septic infection as heretofore described. Death is largely the result of the blood poisoning, but sometimes is caused directly by the local lesion. There should be two aims in the local treatment: one to destroy or modify the action upon the glandular intestinal tissue, and the other to arrest the putrefaction and thus cut off the supply of septic infection. This cannot be accomplished by way of the rectum, and it cannot be accomplished by way of the circulation, and I am not prepared to say that in the present state of knowledge it can always be satisfactorily done in anyway, but I will call attention to the only reasonable plan to adopt, and that is to attempt to prevent putrefaction within the alimentary canal. Antiseptics that are readily absorbed can do but little good. If frequently repeated they can prevent the fermentative change commencing in the stomach, but to keep the contents of the bowel sweet, an antiseptic must be chosen that is less soluble, or if possible be so combined as to prevent absorption before the ulcerated surface is reached. It is not necessary that the agent designed to prevent fermentation should be as active as one that must destroy bacteria, for there is a wide difference in the power required. It may be easier to prevent fermentation of the intestinal contents, and the albuminous fluid of the ulcers, than it is to kill the fully developed typhoid poison that produced the ulcers, but it is quite probable that if the latter poison should remain undisturbed, and septic fermentation could be controlled, the ulceration would be much less formidable. In the list of those agents that appear to be capable of being carried down the intestinal tract before being entirely absorbed, are emulsions that may contain an antiseptic, for instance, turpentine, salicylic acid, sulphite of magnesium, thymol, iodoform. Constipation so as to cause detention in the upper part of the bowel, of the antiseptic should not be allowed. No other theory, it appears to me, can be more reasonable than that I have given of the pathology and treatment of typhoid fever. From all the information I can gain, the nearer this treatment has been approached, the greater the percentage of recoveries.—*Medical Age*.

TYPHOID FEVER.—VERATRUM AND COLD BATHS.

D. J. PARSONS, M.D., Brownsville, Mo., writes:—Permit me to say that veratrum viride is a specific for excessive tympanitis in any case, but it must be given in doses sufficient to produce free vomiting. Ten drops of the tincture should be given every two hours until the desired effect is produced. It does the work promptly and effectually; not a trace of the tympanitis is to be seen a short time after the vomiting. The physician ought to remain

with the patient until after the operation of the medicine, and if the vomiting should be excessive a little whiskey in camphor or two or three drachms of paregoric ought to be given. Veratrum is not dangerous and should always be given in all cases of typhoid fever in which tympanitis is excessive. The patients soon recover from the depression and the chances for ultimate recovery is increased ten-fold.

The application of cold water is the best treatment for typhoid fever whenever the temperature rises above 102° Fahr., and should never be neglected.

One hundred years ago Currie bore testimony to the great power of cold water, as a curative agent, in the treatment of febrile diseases, but strange to say how slowly the knowledge of the power of cold water in the treatment of fevers has traveled, for all over this vast country you will now find hundreds of unfortunate patients who are suffering, languishing, burning and dying of febrile diseases simply because the attending physicians are ignorant of the utility and power of cold water in the treatment of all febrile and inflammatory diseases. The depression or temperament is, nearly, the all in all in the treatment of all febrile and inflammatory diseases—it is, at least, the prime factor in the treatment of a large majority of cases.

I was called during last month to see a patient who had had typhoid fever for ten days; his temperature was 105° Fahr., and his pulse 120 per minute. I immediately placed him upon a gum cloth—a jug of hot water to his feet, and applied cold water to him freely and continuously, and within one hour his temperature was 100° Fahr., and his pulse eighty per minute. He is doing finely to-day. His wife takes his temperature frequently and whenever it rises to 102½° Fahr., she applies cold water. His appetite is good, which is nearly always the case when the fever is kept down, and he is cheerful and hopeful. His wife said to me: “Doctor, I intend to write back to where I came from and tell my people what to do if any of them should ever have this fever; that the doctors over there know nothing of keeping the fever down with cold water; and the patients nearly burn up alive, and lay as long as five or six weeks, if they are lucky enough to live at all. I intend to keep this man cool until he gets well. Ever since I cooled him his tongue has looked well—moist all the time.” One grain of quinine given every two hours, for forty-eight hours will produce a greater degree of synchouism than a single dose of thirty grains.—*Med. Brief*, June.

TYPHOID FEVER.—ANOMALOUS RASHES.

At a meeting of the Clinical Society of London, in April last (*Lancet*), Dr. Whipple reported two cases of typhoid fever which were preceded by scarlatinoid rashes. The evidences, both ante- and post-mortem, of the disease, being enteric fever, were decided, but the question was raised as to whether the rashes were due to scarlet fever preceding the typhoid, or whether they were anomalous forms of eruption due to the latter disease.

In the ensuing discussion, Dr. Mahomed remarked that he had seen rashes which he termed “roseolous” in the early stage of typhoid. He distinguished four kinds of rashes in typhoid fever, viz., “roseola, rose spots, *taches bleuâtres*, and miliaria.”

Dr. Cavafy observed that the fact stated in connection with Whipple's cases—that the eruption had not been followed by desquamation—was not conclusive with regard to its being a case of scarlet fever, for he had seen free desquamation follow an erythematous eruption due to salicylate of sodium.

[It is by no means a very uncommon thing to see, either at the inception or during the course of an acute febrile affection, a roseolous or erythematous rash that is not characteristic of the disease, but is evidently of reflex origin. Such are the roseola typhosa, the roseola variolosa seu erythema variolosum, the roseola vaccinia, the roseola cholericæ, and the like.]

Dr. Andrew Clark referred to the so-called “doctor's rash”—the erythematous eruption produced in nervous patients when stripped for examination—as showing the influence of the nervous system in producing such rashes.—*N. Y. Med. Jour.*, June 30.

ANTISEPTIC

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PULSE AND TEMPERATURE IN TYPHOID FEVER.

M. MALHERBE, in a recent Thèse de Paris, remarks that the frequency of the pulse in this disease is not always in proportion with the elevation of temperature. The temperature often becomes very high without a corresponding change in the pulse, and inversely, the pulse may become very much accelerated without any extra elevation of temperature. In any febrile affection where, with a high temperature, the pulse remains almost normal in frequency, typhoid fever should be thought of. The prognosis is not generally bad when the pulse remains at 80 or 90 beats per minute, even when the temperature amounts to 104° or 105°. But when the pulse is very frequent in conjunction with this high temperature, then the prognosis is grave. When, on the other hand, the temperature suddenly falls, while the pulse remains very frequent, the prognosis is equally grave.—*Med. and Surg. Rep.*, July 28.

TYPHOID, COLD RECTAL INJECTIONS IN.

Dr. NEGRETTO uses water at 10°, and at 15°c., injecting one or two litres into the rectum which diminishes the temperature, and lowers the pulse and respirations. The injections sometimes cause abdominal pains and even rigors.—*Annali Universali.—Therap. Gas.*, July 16.

RELAPSING FEVER.—RUPTURE OF THE SPLEEN.

PETERSEN reports (*Petersburg Med. Woch.*) fifteen cases of spontaneous rupture of the spleen in relapsing fever; in seven sudden rupture occurred, with extravasation of blood in the peritoneal cavity and speedy death; in eight the rupture followed local softening (infarction) and suppuration, resulting in death within a few days with purulent peritonitis.—*Med. Times.*

DIAGNOSIS OF SCARLET FEVER.

In the *Brit. Med. Jour.*, April 14, 1888, we find a paper on this subject by Dr. J. Spottiswoode Cameron. The author remarked that it was occasionally very difficult to diagnose this disease. Compulsory attendance at school made it especially desirable to recognize every case. He dwelt upon the several symptoms of vomiting, headache, and early delirium; and insisted, when these were present, on an examination of the throat. Enlarged lymph-

glands between the ear and the jaw were often of importance in doubtful cases. The tongue, if characteristic, was of value, but absence of strawberry-tongue did not necessarily exclude scarlet fever. Sudden high temperature persisting, typhus and smallpox excluded, generally in a child meant scarlet fever. The rash usually appeared not later than the second day, but he gave cases in which it had been delayed to the fourth or fifth days. In a case with a doubtful history, if he found a tongue with a moist, pale red base, smooth, except that its surface was covered with minute, bead-like papillæ, he should strongly suspect scarlatina: this symptom, was, perhaps, the least seldom absent of those characteristic of scarlet fever. This tongue might be found weeks after any pyrexia, but disappeared when there had been no pyrexia. There might be scarlet fever almost without fever, without angina, and without rash. In such indefinite cases, the tongue, the state of the skin, and the urine, were important. Passing to the differential discussion of scarlet fever, Dr. Cameron considered the difficulties presented by a case first seen in (1) the initial, (2) the eruptive, (3) the defervescent, and (4) the convalescent stages of the disease, going over the important symptoms *seriatim* in each step, and showing what light each threw on the differential diagnosis. In the initial stage, measles, diphtheria, smallpox, typhus, pneumonia, quinsy, and simple continued fever might cause difficulty. The history of previous illnesses, the acuteness of the symptoms, the course of the temperature, and the state of the throat, were important. Hospital and drain-throats were apt to be asymmetrical. Ulceration was not common at the beginning of a true scarlatina angina. A sore-throat in a person who had previously had scarlatina might be infective, as in a case quoted; but diagnosis was generally helped by history of exposure. In the eruptive stage, measles, erythema, rôthelm, and even urticaria, might have to be eliminated. In the stage of defervescence, typhoid fever, amongst other diseases, might be mistaken for scarlatina; and in that of desquamation, other febrile symptoms, latent albuminuria, nephritis, and even some skin-diseases, might require to be separated. There was no one sign always present in scarlatina. In doubtful cases, as complete a history of the attack as possible should be obtained; and a percentage of cases would remain in which the only guide to a diagnosis would be a knowledge of the diseased conditions prevalent around.—*Med. and Surg. Rep.*

SCARLET FEVER.—WET PACK.

Dr. A. F. RANDALL, Lexington, Mich., says:—I have never had any trouble when the friends were not afraid to use water as I direct. I always put the patient in a wet pack if I am called before the rash is thoroughly out and before desquamation begins to take place. I use water about 65° or 70°. This will act nicely in allaying the fever and bringing out the rash. I leave them in the pack from half to three-fourths of an hour and give them all the cold water they want to drink. Of course they are well covered to keep off chilly sensations. If one pack will not cool off the fever I order it repeated in a few hours. If the friends are afraid of this treatment I endeavor to have them bathe the patients every two or three hours with tepid water, giving all the cold water that they want to drink. I have found milk diet to be the best for children with scarlet fever. I use whatever remedies I think indicated, but feel sure the water treatment is a great aid.—*Medical Call.*

SULPHUROUS ACID IN SCARLATINA.

Three years and a half ago, I had about thirty cases of scarlet fever among the children of the soldiers quartered at Kingston, Surrey. All the cases were treated with diluted sulphurous acid internally. Externally, they were sponged over daily with warm water; as the feverish symptoms and rash declined, their bodies were rubbed over with sulphur ointment, to prevent the scurf particles from flying about the room, as well as to destroy their

vitality. I forget, at present, who is the author of this latter suggestion. Sulphur was also burned frequently during the day, under the bed and in different parts of the room. All the cases did well. Two or three cases of dropsy occurred, from carelessness in letting the children play about in draughts too soon.

I have treated many cases of scarlet fever, during thirty years, in various ways; but no series of cases ever did so well, or gave less cause for anxiety, than these.—C. M. Jessop, M. R. C. P., in *Brit. Med. Jour.—Therap. Gaz.* July 16.

HEMORRHAGIC MALARIAL FEVER.

Dr. T. P. BAILEY, Georgetown, S. C., read a paper on this subject at the S. C. Med. Association:—

This disease has been familiar to the profession of Georgetown only in the past fifteen years. It seldom occurs here in the hot months, but generally late in the autumn, the most malignant cases I have observed occurred in November, December, and January.

Symptoms: A patient who has had attacks of chills and fever, but has not been regularly treated, his condition one of marked anæmia, is suddenly taken with a chill, pulse small and frequent, with or without nausea and vomiting, voids urine like black grumous blood, which, when agitated, shows a yellowish tinge on the sides of the vessel. There is great nervous excitement and tendency to collapse. Temperature seldom more than 103°. In about twelve to fourteen hours the whole cutaneous surface turns of a bright yellow hue; conjunctiva also yellowish. As the fever subsides, the skin becomes pale, and the urine resumes its usual tint, while the failure of the vital powers is more marked. This intermittent stage may last twenty-four hours, when another chill comes on with an aggravation of all the symptoms, and if these are not controlled the patient soon dies, like one in an exsanguineous condition.

The most prevalent and fatal cases are of the remittent form. Commencing with a slight chill, they are characterized by an anxious countenance, febrile remissions and exacerbations, gastric irritation, urine more or less hemorrhagic, with the exacerbations and remissions likewise; the yellowness of skin increased or diminished with the same symptoms. The more free the secretion of the kidneys, the more amenable to treatment is the disease. Under treatment, many of the symptoms may disappear; there may be almost complete defervescence; the skin may lose its icterode hue, and the urine become healthy looking, yet the patient dies rapidly of exhaustion, or suddenly in a convulsion. We have much to learn of the true nature of this disease. The system, after having been subjected to several attacks of malarial fever, is left in a cachectic condition, and a breaking down of the blood corpuscles takes place, as manifested in the secretion of the kidneys.

The resemblance of this disease to yellow fever is certainly in some cases very striking, so much so, that it has been called "Swamp Yellow Fever," but the symptoms given above are sufficient to distinguish it.

The treatment must be thoroughly supporting, with a free use of stimulants and nourishment, and the administration of stimulant diaphoretics, quinia and iron. Quinia alone appears to be of little use, and is often disappointing.—*Medical News.*

INTERMITTENT FEVER.—RESORCIN.

R. L. MACDONNELL, M.D., M.R.C.S., Eng., Demonstrator of Anatomy and Lecturer on Hygiene, McGill University, Montreal, states that Dr. Ugo Bassi reports twenty cases in which this new remedy was used. Of these seventeen were entirely cured; two of the remainder were old and obstinate quartan types, while the third patient was in very unfavorable hygienic surroundings. In the successful cases it required but two or three doses to effect the cure. The quantity given varied between thirty and forty grains. Larger amounts

were not found to do any good. The peculiar advantage of resorcin, in Dr. Bassi's opinion, is its cheapness.

Resorcin was first obtained in 1864 by Hlasiwetz and Barth, from galbanum resin, by fusing it with potassa. It is closely allied chemically, and in its physiological action, with phenol, its formula being $C_6H_4O_2$, while that of phenol is C_6H_5O . It is claimed, however, to be much less poisonous and much more agreeable in taste and smell.—*Can. Pract.*, July.

DECOCTION OF LEMONS IN MALARIAL FEVERS.

Dr. MAGLIERI (*Gior. di Clinica e Terapia*, March, 1883.) has obtained quite as good results with this simple remedy as with quinine. He finds its efficacious in acute and chronic malarial affections. Given four hours before the onset of a fever, it averts the paroxysm. This it did even in cases in which quinine had failed. In malarial cachexia the general health improved, and the liver and spleen were much reduced in size.—*Med. Record*, July 14.

MALARIA IN FLOWER-POTS.

Tending to corroborate the idea that malaria is caused by *any* vegetable decomposition is the case reported by Dr. Eichwald, of St. Petersburg, of a lady who lived constantly in a room filled with flowers in pots, and who thus acquired an intermittent fever with symptoms of true malaria.—*Med. and Surg. Rep.*, June 30.

GOUT—CONFIRMATION OF URIC ACID THEORY.

Dr. EBSTEIN (*Practitioner*), of the University of Gottingen, gave an account, at the recent German medical congress held at Wiesbaden, of a series of labors that will interest many a sufferer. Many as are the theories that have been proposed as the cause of gout and the best mode of treating it, saving the isolated facts of the presence of uric acid in the blood of gouty patients, of the deposition of urates in the various tissues in which the disease is in progress, and of the development of local nodosities, medical science has until now actually possessed no exact experimental information on the subject. Dr. Ebstein discovered a method of producing gout in the inferior animals, and, applying his discovery to birds, took the opportunity to study the origin, cause, and gradations of the disease in a more careful and exhaustive manner than any of his predecessors in the physiological laboratory at Gottingen. He found, in the course of his experiments, that the first step in the development of a gouty nodosity, was the creation, by the action of the uric acid in the blood, of a local centre of tissue destruction. This occurred prior to the deposition of the salts of uric acid, always present at such centres of disease, and was absolutely the first discoverable step in the progress of the malady. Dr. Ebstein found in his gouty bird foci of necrotic tissue in the cartilages, in the kidneys, joints, tendons, and connective structures. After the local destruction of tissue has proceeded to a given extent, it is followed by a stage of secondary inflammation which differs in its description, and in the abnormal products it creates, according to the nature of the tissue in which it occurs, and thus the nodosities of gout, differing in structures from each other, but identical in cause and origin, are gradually built up. By injections of uric acid dissolved in a solution of phosphate of soda, or merely held in suspension in water, Dr. Ebstein declares it possible to produce local centres of gout in any animal, and this direct experiment he regards as conclusive as to the primary agency of the acid in the production of the tormenting series of phenomena.—*Gaillard's Med. Jour.*

ACUTE RHEUMATISM.—GRANVILLE'S TREATMENT.

In the treatment of acute rheumatism, Mr. J. MORTIMER GRANVILLE recommends that nothing else be done except to wrap the painful joints in very loose cotton-wool and cover them with light flannel, not oil silk or any other vapor-proof material. As early as possible in the case the following mixture should be given: Tincturæ Aconiti (P. B.), ℥.xii; Ammonii Sulphidi, ℥. xvj; Aquæ Menth Virid. Distil., ℥.vj. One-fourth part of this mixture should be given every fourth, or, in severe cases, every third hour, until the pain is relieved and the "fever" has abated. The mixture should only be prepared in a quantity sufficient for four doses, on account of the tincture of aconite, and, more especially, the tendency of the sulphide of ammonium to decompose and deposit sulphur.—*Medical Review*.

SUBCUTANEOUS INJECTIONS OF CARBOLIC ACID IN MUSCULAR RHEUMATISM.

The results of some investigations recently undertaken by Blinz would seem to show that the action of carbolic acid and other so-called antiseptics in preventing suppurative inflammation is due, in great measure at least, to the influence exerted by these substances upon the white blood corpuscles.

This method of treatment was tried in three cases only, but in each the success was stated to have been remarkable. In one case of deltoid rheumatism, marked relief of pain followed within an hour after ten injections of a two per cent. solution. After six injections on the following day the patient was cured. The second case was one of lumbago. The patient had had several previous attacks in which relief was obtained only by morphine. Twelve injections were made in the painful region in the morning. In the afternoon the patient appeared in the doctor's office, complaining only of a slight inconvenience in free movements. The third case was one of rheumatism of the right lower extremity with sciatica. The patient had previously suffered for an entire winter. The present attack was of eight days duration. The patient could with difficulty take a few steps, and suffered severely also at night. The treatment consisted in injections of a two per cent. solution of carbolic acid. At first twelve insertions were made each day, and the number was gradually increased to forty every day or every second day. After the second day the patient was able to stand upright and to walk with tolerable ease. The nights were restful. Fourteen series of injections were made and the patient was entirely relieved of pain. No symptoms of carbolic acid poisoning were observed even when forty insertions were made at one sitting, amounting to 12 minims of carbolic acid. Dr. Kurz states that the injections should be made into the muscle itself, and not immediately beneath the integument. In parts where there is considerable over-lying adipose tissue, as in the thigh, he plunges the needle perpendicularly into the limb as far as it will go. No pain is caused by a two per cent. solution, or at most only a very slight burning sensation. Each injection consists of fifteen drops of the solution, containing three-tenths of a minim of carbolic acid.—*Memorabilien*.—*Med. Record*.

HYDRIODIC ACID IN THE TREATMENT OF ACUTE INFLAMMATORY RHEUMATISM.

Dr. JAMES CRAIG, of Jersey City, N. J., writes us: "Before using the remedy shortly to be spoken of, I was in the habit of prescribing bicarbonate of potassa, which, as a rule, gave relief as soon as the urine was rendered alkaline, which required about a week or ten days, and during that time opiates had to be given to relieve pain and produce sleep. Syrup of hydrie-

dic acid, prepared by R. W. Gardner, of New York, is the remedy *par excellence* for this painful and troublesome affection. I have used it for the past two and a half years in bronchitis and scrofula, but its effects have been most prompt in acute inflammatory rheumatism, relieving pain in from twelve to forty-eight hours. I have been called to see patients suffering from this affection, and found them with high fever, joints swollen, and suffering terribly, and on the following day have been agreeably surprised at their rapid improvement, finding them in a great measure free from pain, and fever reduced. Some other cases take a longer time, but I have yet to find one that was not in a comfortable condition within forty-eight hours. The dose I prescribe for adults is from two to three teaspoonfuls every two or three hours, in a wine-glass of water, until relieved; afterward I reduce the dose to one teaspoonful, which may be continued for five or six days, at longer intervals. I was first led to the use of this remedy in prescribing for a patient suffering from bronchitis complicated with rheumatism, its effects being most salutary in the relief of both diseases. I should state that under this mode of treatment the heart has been free from complications; the remedy preventing exudation and organization of plastic material. I more frequently use it now in rheumatism than in bronchitis—in fact, I use it in all cases of acute rheumatism, and must say have always been pleased with its results. I have also prescribed it in chronic rheumatism, but with less effect.”—*Cin. Med. News*.

RHEUMATISM.—THREE TYPES.

The treatment of acute rheumatism has always claimed particular attention from the profession, and will always remain a subject of lively interest. Bartholow says (*Medical Record*) that the chemical theory that it is owing to an acid in the blood is borne out by chemical facts and experiments. But behind this, there is an influence concerned in the production of the excess of acid, which influence is located in the nervous system. He divides rheumatic cases into three groups: First, spare persons of good bodily vigor and muscular development, with hereditary tendency to the disease. Second, fat persons who use malt liquors and live highly, but who generally have no inherited predisposition to the trouble. Third: Feeble, anæmic, poorly nourished persons, who live under malarial influences. For the first he recommends salicylic acid or its salt, salicylate of soda, as the proper remedy. For the second group he says the alkaline treatment is the most suitable. He quotes from Dr. Fuller, who says: “One ounce and a half of the carbonates should be given in twenty-four hours, and half as much as soon as the urine becomes alkaline.” For the third class he recommends the use of tincture chloride of iron in full doses, from 3 ss to 3 j in water every four to eight hours. He says that under the use of this remedy the pain, swelling and fever subside, the danger of heart trouble is lessened and the whole system strengthened to resist the disease.—*Medical Review*.

CYANIDES IN ACUTE RHEUMATISM.

Dr. A. LUTON gives pills of zinc cyanide containing three-fourths to one and a half grain doses a day. Potassium cyanide, pure and well prepared, is perhaps to be preferred, he thinks, to the salt of zinc, on account of its evident activity. In mixture he gives it in the dose of one and a half grains per day. It is best administered in the form of pills coated with silver. It is not advisable to go beyond two grains a day.—*Indp't Pract.*

STRYCHNIA IN ALCOHOLISM.

M. LECUYÉ claims that strychnia is to alcoholism what mercury and the iodide of potassium are to syphilis. It cures delirium tremens, diminishes

the gravity of wounds and inflammations occurring in drunkards, and wards off epilepsy and alcoholic insanity. Alcoholism should not be treated symptomatically by various remedies, but as a general disease; and the agent for so treating it is strychnia, which will remedy all nervous or cardiac, cerebral or gastric disturbances. M. Lecuyé prefers the sulphate, and administers this by subcutaneous injection on account of the usual indocility of these patients and the necessity of acting upon them rapidly. He dissolves thirty centigrams in thirty grams of water; and, according to the gravity of the case, injects the whole or one half of a Pravaz syringe-ful. Not more than a centigram should be injected at once, and this may be repeated, under watchful guidance, every two hours. In some cases one centigram per diem suffices, while in others seven may be injected in fifteen hours without inducing symptoms of strychnism.—*Louv. Med. News*, July 28.

STRAMONIUM POISONING.

Dr. H. T. O. MORSLEY, the French sanitary physician at Mecca, in the *Alger Medical* for May, describes briefly twelve cases of poisoning by the datura stramonium, or, as the Arabs call it, tartora. It seems that in Mecca, the grocers are also physicians and apothecaries, and that this drug is most commonly used as a poison. At the time of the pilgrimage to Mecca, when some 100,000 individuals from all parts of the world crowd into the city, the criminal portion of the inhabitants use the drug, by enticing the stranger to eat with them; they serve up, cooked with the food, the leaves, root, stem or grains of the datura stramonium. When the poison begins to work, they rob them, and leave them in delirium or coma. October 18, 1882, five days before the pilgrim celebration, Dr. M. visited the Turkish hospital at Mecca, where he found six persons from Morocco, completely under the influence of violent delirium, and presenting all the symptoms of intoxication from a stupefying poison; dilatation of the pupils; dryness of the throat and mouth; involuntary movements of deglutition, and a constant movement of the jaws; ardent thirst, with dysphagia; pulse and respiration accelerated; temperature slightly elevated; pain in the head, with movements; carphologia; the legs vacillating, bending, and not able to support the patient, who appeared to be drunk. The voice was hoarse; sometimes complete aphonia, and with one imitating the various cries of animals. The movements of the heart were intermittent, sometimes suspended, and seemed about to bring on the syncope which precedes death.

The next day, he found that six more among the pilgrims were attacked; two of them had to be carried on litters, while the remaining four walked staggering along, vociferating unintelligible words.

Two days after, when visiting these twelve cases of poisoning, to whom emetics, cathartics, and strong infusions of coffee had been given, he found them as calm as possible; they had no knowledge of what had passed, were very much mystified at finding themselves in a strange place, and at being asked questions upon matters concerning which they were entirely ignorant. Several of them still suffered slightly from mydriasis. Of 51 cases of poisoning by this drug collected in one year at the Bombay Hospital by Dr. Girard, only one terminated fatally, and only four presented very alarming symptoms.—*Jour. Amer. Med. Ass'n*, July 14.

ACONITE POISONING.

A. E. ADAMS, M. D., Danbury, Conn., writes: In this case I desire to especially call the attention of the readers of the *Monthly* to the manner of producing vomiting, which served me in such good stead, in this as well as in other cases.

November 19th, at about 9.30 P. M., I was called to see Mr. B——, a blacksmith, aged 52, who weighed 175 pounds. His previous health had been

excellent. On my arrival he told me that he had had domestic trouble, and had taken one and one-half ounces of Tincture of Aconite, and wanted to die. He informed me that he perfectly understood the action of the drug and that there was no chemical antidote for it. He also told me that the drug had been ingested for twenty minutes and that he was then suffering from intense burning in the mouth, fauces and stomach, and begged me to give him some laudanum to relieve his suffering. His pulse was 160 and weak. His respiration was hurried and 28 per minute. The extremities were cold and trembling, and the face was pale.

I at once administered to him thirty grains of Sulphate of Zinc and supplemented this dose with the following movements which I think materially aided the action of the emetic.

I placed the patient on the bed with the face downward, turned a little on the right side, at the same time supporting the head with the left hand on the forehead, then with the right hand placed over the epigastrium I made sharp, quick but firm pressure at short intervals at the same time raising the forehead a little with the left hand. In less than two minutes the patient vomited profusely, the contents of the stomach being mostly meat and potatoes which he had eaten about two hours before. The act of vomiting seemed to exhaust the patient still more, in fact so much so, that the pulse became almost imperceptible at the wrist, and was so rapid that it was impossible to count it, and it seemed that our patient was dying. Dry heat was applied, one drachm of brandy was given hypodermically, followed immediately by the administration of one eighth of a grain of morphine, hypodermically, and this was quickly followed by a similar injection of fifteen drops of the tincture of digitalis.

Large draughts of salt water were administered during the next half hour, which seemed to relieve the suffering induced by the intense burning pain in the mouth, throat and stomach, and at the same time assisted in inducing copious vomiting. Nine ounces of brandy were administered either by the mouth or hypodermically during the next five hours. At 10:05, I gave him thirty grains more of the sulphate of zinc largely diluted with water, from the effects of which he vomited freely. At 10:10, fifteen drops of tincture of digitalis was administered hypodermically and this was repeated every half hour till four doses had been taken. After the first dose the pulse fell to 150, after the second to 135, after the third to 130, and after the fourth to 115, when it was discontinued and the brandy given alone and at irregular intervals as the strength of the heart's action required. Patient recovered.—*New Eng. Med. Mo., June.*

BI-CHROMATE OF POTASH POISONING.

A young man æt. twenty-two, swallowed a lump of chrome (the purified salt) in the solid form, equal in weight to 3 ij; then took a fifteen minutes walk, at the end of which time he felt lightness in head; great heat in stomach; glow of heat all over body; followed by a cold sweat; nausea; free vomiting; agonizing pain in epigastric region; giddiness; specks before the eyes and loss of power of the legs (complete power in arms); intense thirst; rigors and coldness of the whole body. He was taken to hospital, and seen within two hours after swallowing the poison. Pupils slightly dilated; face pale and extremely cold; pulse feeble and fluttering; no vomiting, but intense pain over stomach and great depression; no cramps or diarrhœa; a degree of stupor, but answers questions fairly well. Sensibility to touch and pain well-marked.

Treatment.—A full dose of sulphate of zinc; washing out the stomach with tepid water by means of the stomach-pump till the fluid was colorless; subcutaneous injections of 20 m. sulphuric ether. Covered with warm blankets; hot bottles to feet and sides; mustard over stomach. Gave tepid coffee, diluted with milk and with a good deal of brown sugar—rejected at once. Then gave milk mixed with lime-water, and ten grains of nitrate of bismuth; this was retained. Barley water was given as a drink, and the

patient was ordered a milk diet with lime-water. He took the poison at 5 P. M., and received his medical treatment first at 7 P. M.; slept fairly well that night, and in the morning every symptom had disappeared, except a slight soreness of the mouth. Perfect recovery. The fact of having taken food about an hour and a half before taking the poison, and of vomiting part so early, aided materially in bringing about the favorable result. The urine was examined with nitrate of silver, acetate of lead and sulphuretted hydrogen, without results. Bichromate of potash affects workmen engaged in dyeing by acting as a caustic to slight abrasions of the skin, producing a tough slough, followed by an ulcer with hardened, cup-like border. They may gradually extend deeper and deeper, until they eat their way into the bone. Attacks of conjunctivitis are also of not uncommon occurrence.—Brief of notes of Edward Orr Machived, M.B., *Glasgow Med. Jour.*—*Jour. Amer. Med. Ass'n*, July 14.

NUX POISONING.—CHLORAL AND WHISKEY.

Dr. HOLT says:—"Mrs. C. had received from a friend—not a physician—a valuable prescription (?) for habitual constipation; a formula for pills, containing each, one-and-a-half grains of ext. nucis vom. The madame, at full term of third pregnancy, and sorely annoyed by an obstinate torpidity of the bowels, determined to try a good dose of the new remedy, and at late bed time took three of the pills, or four-and-a-half grains of the extract of nux vomica, an excellent article of drug. As soon as the pills began to dissolve and absorption commenced, the symptoms of poisoning manifested themselves.

Without delay, I administered forty grains of chloral and stimulated the patient freely with whiskey. Relief was immediate and complete. A few hours later labor occurred, anticipating the expected time, and precipitated, I believe, by the action of the nux vomica upon the uterus. No further trouble.—*N. O. Med. Jour.*

STRYCHNIA IN OPIUM POISONING.

C. A. MASON, M. D., Blanchard Springs, Ark., writes: I was called to see Mr. G.'s babe on the night of the 20th of June, 1881. When I got there I found the life of the child almost extinguished, from an overdose of paregoric. Its respiration was about six per minute, pupils very firmly contracted, and would not respond to light, and at times breathing would stop entirely, and would not return until brought back artificially. In fact, I thought the little fellow was dying. I prepared me a one gr. solution of sul. strychnia, and calculated to let one teaspoonful represent 1-20 of a grain, and I commenced to give it per orem every half hour, and at the end of two hours I saw a marked change for the better. Then I put the doses one hour apart, till the opium ceased to manifest any of its poisonous symptoms. Then, to my surprise, strychnia took its place; the child went into tetonic convulsions, and by giving hydrate chloral and bromide potash in large doses, I succeeded in controlling the convulsions in a short time, when the babe ceased to have convulsions from the strychnia. He began to convalesce and had no more trouble.

Strychnia is my remedy; for opium poisoning I want nothing better. I consider it a true antidote.

Give the strychnia in proportion to the opium or morphia that has been taken. If being taken in poisonous doses give strychnia in poisonous doses.—*Med. Summary*, June.

MORPHINE POISONING TREATED WITH STRYCHNIA.

C. A. MASON, M. D., Blanchard Springs, Union County, Ark., writes:—I was called to see a young lady who was said to be dying from an over-dose of morphine. On my arrival I learned she had taken one drachm of morphia.

I found her profoundly comatose; respirations three per minute; face almost black; pupils would not respond to light. I gave her immediately $\frac{1}{4}$ gr. of sul. strychnia, hypodermically, and waited fifteen minutes for the result. I saw some improvement in respiration; and gave her another $\frac{1}{4}$ gr. dose, and waited a quarter of an hour more, when I was astonished at its antidotal power over the poison. She could be aroused and talk when spoken to; I waited a half hour from the second dose and gave her the remaining $\frac{1}{4}$ gr., and after a few minutes I saw I had her under the influence of strychnia; the facial muscles warned me to wait awhile before I gave her any more. So by waiting awhile she recovered sufficiently to swallow coffee; I had her take large quantities of coffee every hour, and gave her, per orem, $\frac{1}{15}$ gr. of strychnia every four hours till she fully recovered. She recovered in forty-eight hours sufficiently to sit up, and grew better rapidly.

I have treated one more case since then, with the same success.—*Med. and Surg. Rep.*

POISONING FROM SWALLOWING CHLOROFORM.

OLIVER relates the case of a weakly man who swallowed over three ounces of chloroform. He was brought to the hospital at 11 P. M. The respiration was almost imperceptible, pulse very slow (twenty to the minute), feeble, and scarcely to be felt, skin cold and pale, face livid, pupils widely dilated, patient sleepy and anæsthetic. The breath smelt slightly of chloroform. Artificial respiration was at once begun. One pole of an induction-coil was placed over the heart, the other on the nape of the neck. Enemata of beef-tea with brandy, and subcutaneous injections of ether over the cardiac area were given. At 2 A. M. the skin was still cold, and showed no trace of sensibility. Five drops of nitrite of amyl were then given by inhalation, and at once the respiration began to improve. At 3 A. M. half a drop of nitrite of amyl dissolved in alcohol was injected beneath the skin, without any perceptible effect. At 5 o'clock, after six hours of artificial respiration, sensibility of the conjunctiva began to return, and the natural respiration became deeper. Gradually the skin grew warmer, and consciousness returned. In a few days the patient was well, complaining only of pain in the epigastrium, and some pimples under the tongue. The urine contained neither albumen nor sugar. The absence of vomiting was notable; it was doubtless due to the local anæsthesia of the stomach and œsophagus. When the general anæsthesia was most profound the pupils were contracted; they dilated when the respiration had almost ceased. They contracted again on the application of the battery. Dr. Oliver was lead to give nitrite of amyl by observing the general capillary spasm of the skin.—*The Practitioner*.—*Med. Record*.

POISONING BY GELSEMIUM SEMPERVIRENS.

In the *Medical Times* Dr. L. L. FRIEDRICH, of Washington, D. C., reports a case of poisoning by gelsemium sempervirens, in which a teaspoonful of an old fluid extract was taken by a girl 14 years of age by mistake for bitter wine of iron. The first symptoms manifested themselves forty-five minutes after ingestion of the poison, viz., dizziness, headache, muscular relaxation, and slight convulsive movements. Improvement took place under a hypodermic injection of one-eighth of a grain of morphia. Soon after, however, the untoward symptoms returned with increased severity. Excessive muscular relaxation and incoördination manifested themselves. The pupils were dilated, diplopia, ptosis, paralysis of the facial muscles and excessive salivation were present. The face became congested, the tongue "thick," and deglutition well nigh impossible, together with other symptoms, resembling hydrophobia. Finally, the patient passed into a semi-comatose condition and the symptoms of collapse supervened, until the girl was totally unconscious, with a feeble, thready pulse, gasping respiration, cold, clammy skin, and failure of circulation in the extremities. A judicious treatment by emetics,

cardiac and respiratory stimulants and artificial respiration was instituted, with the gratifying result of restoring the patient to health. No sequelæ are noted, except weakness and dizziness.—*Med. and Surg. Rep.*

ERGOT AS A PREVENTIVE OF THE POISONING EFFECTS OF SALICYLIC ACID.

Dr. SCHILLING recommends the administration of ergot in conjunction with salicylic acid or quinine, to obviate the unpleasant effects of those drugs. He had observed, in a number of cases in which large doses of salicylic acid were taken, a marked congestion of the external auditory canal and membrana tympani. He was thus led to give ergot to cause a contraction of the vessels, and obtained in every case a cessation or notable diminution of tinnitus and deafness. The dose of ergot (aqueous extract) should be about one-tenth that of salicylic acid. The antipyretic effect of the latter is not weakened by the ergot. Like favorable results were obtained by combining ergot with quinine.—*Allgem. Med. Central-Zeitung*.—*Druggists' Cir.*, July.

SYMPTOMS OF POISONING BY IODOFORM.

In view of professional responsibility attending the use of this agent, and the frequency of its application in gynæcological practice, we deem it proper to insert the following observations resulting from the experiments of Schede at the hospital of Hamburg. The following are the toxic effects observed by Schede:

1st. Increase of temperature, which rises to 104° F. and above, without appreciable cause.

2d. Coincident with the fever a physical depression is manifested,—head-ache, loss of appetite, the breath bears the odor of iodoform, the pulse is frequent, small, soft, and very compressible. These symptoms cease with the cessation of employing this therapeutic agent.

3d. The frequency of the pulse may rise to 150 to 180 pulsations per minute. Added to the first symptoms of inquietude is a fever, which becomes more and more intense; and if the use of the medicine is not discontinued, death may result. A sign of the gravest portent is the appearance of symptoms of acute meningitis or depressive phenomena, analogous to melancholia.—*Obstetric Gazette*.

CARBOLIC ACID.—SULPHATES.

The *Medical Times* says that carbolic acid has produced nearly two hundred fatal recorded accidents since its introduction into modern medicine, and that it therefore occupies a first place among poisons. The frequency of its taking, it observes, and the fact that it is a universal poison, killing heart, nerve centre, and indeed all forms of protoplasm, lend importance to the question of its antidote.

Some years since, it is stated, Baumann and Hueter, finding that the sulphates disappear from the urine during carbolic acid poisoning, suggested the employment of soluble sulphates, or their acid, as antidotes, and experimentally showed their value. Subsequently, Dr. David Cerna, in an elaborate series of experiments made in the laboratory of the Medical Department of the University, found that the powers of the sulphates had in no respect been exaggerated. The peculiarity of the antidote is that it seems to be equally effective after as before the absorption of the poison.

This relationship between carbolic acid and the sulphates is certainly curious, as well as important, and is worth keeping in mind.—*Cin. Med. News*.

TOBACCO AN ANTIDOTE FOR STRYCHNINE.

Dogs poisoned with strychnine were several times cured by MOORE by the use of the decoction of tobacco. Dogs which were already as rigid as stone, he set upright and poured a tablespoonful of strong tobacco water into their mouths, and saw them run about entirely well after about ten minutes. The employment of chloroform is possible only when the skin has previously been broken. As dogskin has no pores, the animal sweats by means of its tongue, Moore has never seen a blister drawn on a dogs' hide, when the remedy used did not contain powdered glass whereby the hide is cut, when a blister results.

The great physiologist, Claude Bernard, observed that chloroform applied to the hide of a guinea pig produced anesthesia. It is probably not absorbed by the pores but by the substance of the skin. The use of chloroform is therefore advisable in case the simple remedy proposed by Moore is not at hand.—*Zeit. Ost. Apoth. Ver.*—*Drug News*, June 28.

POISONING BY BELLADONNA OINT.—BROM. POTASSIUM.

In a case of poisoning with belladonna ointment, Dr. SMIEDWITSCH (*Deut.-Amer. Apoth. Zeit.*) says: The ointment was applied over a wound of the skin and consisted of ext. belladon one part and fat eleven parts. Within two days the patient began to suffer from vertigo, weakness, dryness of the throat, difficulty in swallowing, delirium, insomnia, dilatation of the pupils. On the gums small extravasations were seen. Bromide of potash was ordered, whereupon rapid improvement followed.—*Med. Rev.*, June 30.

ANTIDOTUM ARSENICI.

A very important new preparation (in the new *American Pharmacopœia*), whose name will probably convey to most of our readers no idea of its value, is *Ferri Oxidum Hydratum cum Magnesia*. Much better would it have been for the committee to have adopted the name of the German Pharmacopœia, instead of this ponderous appellation. *Antidotum Arsenici* conveys a very definite idea, and is brief. The new antidote, without doubt, is superior to the old hydrated sesquioxide of iron; indeed it is merely the old friend in a new and improved garb. Magnesia added to a solution of a sesqui-salt of iron precipitates the sesquioxide. The excess of magnesia is not irritant, like ammonia or potash, and has the further advantage of adding to the efficiency of the antidote. In a case of arsenical poisoning, agitate magnesia in excess with tincture of chloride of iron, or with any of the sequi-iron solutions, pour off the liquid, and administer the bulky precipitate freely.—*Med. Times*.

PILOCARPIN AND HOMATROPIN.

Dr. FRONMÜLLER states (*St. Peters. Med. Wochensch.*) that after injecting gr. $\frac{1}{4}$ of hydrochlorate of pilocarpin under the skin of a syphilitic patient, severe symptoms of poisoning appeared within ten minutes. Perspiration and salivation were profuse, and the pulse rose to 120. All these symptoms disappeared within two minutes after the injection of gr. $\frac{1}{4}$ of hydrobromate of homatropin, the pulse falling to 80. In two more cases the same antidotal effects were noticed. Dr. Fronmüller observes that it is very fortunate that we now know a ready and rapid remedy for the very alarming results that not rarely follow the employment of pilocarpin.—*Med. News*.

STRAMONIUM.—APOMORPHIA.

A little girl, 10 years of age, having eaten the contents of several green pods of *Datura Stramonium*, was seized with symptoms resembling hyoscyamus- or belladonna-poisoning. She was treated with emetics, which failed

to act until apomorphia (one-twenty-fourth of a grain) was injected under the skin. Shortly after, free vomiting occurred. ~~The acetate of morphia~~ (one-sixth of a grain) was administered hypodermically, and the symptoms were then greatly relieved, and soon passed away.—*Lancet*.—*Med. Times*.

IODINE AN ANTIDOTE FOR SNAKE-BITE.

GEORGE H. CARPENTER, M. D., of Moorefield, Hardy Co., West Virginia, reports the following case:—A. W., male, aged thirty, of robust constitution; lives on the mountain, twelve miles distant from this place. In August, 1881, about two o'clock at night, he arose from bed, and in walking across the floor in his bare feet was struck on the instep of both feet by a copperhead snake, which was soon found and killed. Sharp pain was at once felt at the points of lesion, and the swelling of both feet was very rapid. I saw him at 7 A. M., five hours after the encounter. He had taken a quantity of whiskey, and had both feet and legs enveloped in poultices made of raw onions reduced to a pulp. His suffering was terrible. Countenance palid and anxious; breathing labored; pulse vacillating; had vomited repeatedly, and there were muscular twitchings throughout the entire body. I immediately gave him gtt. xv of the tinct. iodin. comp., in a third of a glass of water. I then had the poultices removed, and found both extremities mottled and swollen to the knees. After painting them with iodine, the poultices were restored. In about a half hour the intensity of the paroxysms of pain began to lessen, and at the same time there was a corresponding improvement in all the other constitutional symptoms; and in one hour from the time I administered a single dose of the remedy, I left my patient comfortable and cheerful. I directed the local application and a dose of ten drops of the tincture to be repeated every three hours for several days.

In about two weeks this man came to my office and informed me that the pain never returned; that in a few days the swelling disappeared and he was well.—*Medical News*.

DISEASES OF THE NERVOUS SYSTEM.

SALAAM CONVULSION OR ECLAMPSIA MUTANS

Is an unusual affection, West having observed but one case and devoting but a few lines to it. Dr. Tordus, of Brussels, has observed several cases, and the latest recorded is by M. H. Gautiez in *La France Médicale*. The case is that of a child seventeen months old, which had an inveterate eczema of the face, head and trunk, which lasted nine months. Dentition came on and was attended by the peculiar phenomena described. The attack is preceded by a pre-occupied air, lasting a few seconds, a slight paleness, the head is suddenly flexed upon the thorax, and the latter upon the pelvis; the shoulders are slightly elevated and projected forward, the hands being thrown backward as if to avoid a fall. These motions are executed with great rapidity, sometimes as high as thirty, generally from eight to ten times.

No convulsive movements are observed and consciousness remains. The respiration is normal, but the heart's action is accelerated. As soon as the attack is over the eyes become suffused with tears, the face expresses surprise, and the child appears relieved and becomes playful.

The flexion varies in intensity, being at times very slight or even absent. The attacks number about eight per day. West considers this as an initiatory stage to epilepsy, stating that it lasts but a few weeks. Gautiez regards it as a distinct affection, and states that it has not changed its character in his case, kept under observation eight months, thus far. All medication has proved fruitless.—*Medical Review*.

OSTEOMA OF THE CORPUS STRIATUM.

We frequently note cases where persons since childhood had a paralyzed limb, the nutrition and development of which never progressed since the time the lesion first made its appearance. The usual history of such cases is, that the individual, when in his earliest childhood, became suddenly sick with fever and irregular pains, when, mostly after a day or two, without any apparent cause, the gradually increasing helplessness of the affected limb becomes apparent. It is rare that we have the opportunity of recording after the death of the person the pathogenic morbid condition, and two cases, therefore, reported by Dr. A. Bidder in Virchow's Arch., lxxxviii., p. 91, are of decided interest. At the post-mortem of one of these cases, that of a man æt. 39, who since his childhood had suffered from paralysis and contracture of both extremities on the right side, the development of which had also continued in *statu quo*, an irregular shaped bony body was found in the substance of the left corpus striatum. The microscopic examination revealed it to be an osteoma. B. gives besides the history of a case, where the individual is still alive, and where exactly the same pathological condition exists, and also since early childhood.—*Med. and Surg. Rep.*

TRANCE.

ROSENTHAL has recorded an interesting case of trance in a hysterical woman, in which a country practitioner had declared death to have ensued, as a looking-glass held to the mouth did not show any moisture, and melted sealing-wax dropped on the skin caused no reflex movements. Rosenthal, who was accidentally present, found the skin pale and cold, the pupils contracted and insensible to light, the upper and lower extremities relaxed, the heart's impulse and the radial pulse imperceptible. Auscultation, however, showed a feeble, dull, and intermittent sound in the cardiac region. No respiratory murmurs were audible. All the muscles of the face and extremities responded well to the faradic current. Although the patient had been apparently dead for thirty-two hours, he thereupon informed the relations that it was only a trance, and recommended that attempts at resuscitation should be perseveringly followed. On the following day he received a telegram to say that the patient awoke spontaneously twelve hours afterward, and gradually recovered her speech and movements. Four months afterward the patient called upon him, and informed him that she knew nothing of the commencement of her attack of lethargy; that she had afterward heard the people about her talk of her, but had been utterly unable to give the slightest sign of life. Two years afterward, she was still alive and tolerably well.—*Med. Review.*

NUTRIENT TREATMENT OF INSANITY.

“The greater my experience becomes,” writes Dr. Clouston in the *Practitioner*, “the more I tend to substitute milk for stimulants. I do not undervalue the latter in suitable cases; but in the very acute cases, both of depression and maniacal exaltation, where the disordered working of the brain tends rapidly to exhaust the strength, I rely more and more on milk and eggs made into liquid custards. One such case this year got eight pints of milk and sixteen eggs every day for three months, and under this treatment recovered. I question whether he would have done so under any other. He was almost dead on admission, acutely delirious, absolutely sleepless, and very nearly pulseless. It was a hand to hand fight between the acute disease in his brain and his general vitality. If his stomach could not have digested and his body assimilated enough suitable nourishment, or if he could not have been taken out freely into the open air, he must have died. But to-day he is fulfilling the duties of his position as well as he ever did in his life. All

acute mental diseases, like most nervous diseases, tend to thinness of body, and, therefore, all foods and all medicines and all treatments that fatten are good. To my assistants and nurses and patients I preach the gospel of fatness as the great antidote to the exhausting tendencies of the disease we have to treat, and it would be well if all people of nervous constitution would obey this gospel."—*Louv. Med. News.*

VERTIGO DE MENIERE.

The patients afflicted with this disease are able to tell their own story, because they do not become completely unconscious. In the moment of the attack they hear a noise like that of an engine, and they fall down forward, as if struck by a superior force, the latter being often so strong as to cause bruises of the nose or loss of teeth. After a while they will rise again and begin to vomit; they fall into a stupor, which lessens by degrees. After one or two weeks the attack will be repeated with the same phenomena. In a certain number of cases, the disease appears in the above described manner; the patients being well the rest of the time. But in a good many cases a permanent vertigo exists, with constant noises in the ear like that of a drum or a whistle. When the noise is aggravated the attack will follow. M. Charcot has at the present time a patient who has been in bed for the last five years, and who avoids the least movement, which latter produces a feeling as if she would be raised in the bed very quick and then be lowered just as quickly. The noise may be due to an accumulation of cerumen in the ear, in which case the removal removes the noise. But more often it is due to otitis, or to another affection in the inner ear. M. Charcot treats these cases by the use of quinine, and says that this is a sure remedy.—*Journ. de Medic. et Chirurg. Prat.—So. Med. Record.*

BULBAR MYELITIS.

Two cases of acute myelitis limited to the medulla oblongata are reported by P. Etter (*Schweizer Aerztliches Centralblatt*, Nos. 23 and 24, 1882). One recovered; the other died, and the diagnosis was confirmed by autopsy. The first patient was a girl, 27 years old, who was taken with strabismus, and in a few days with paralysis of the oculo motorius, abducens, and trochlearis on both sides, with weakness of facials and of both accessorii, and inability to swallow. There was increasing weakness of vision, not improved by glasses, although the field of vision was normal, and the ophthalmoscopic examination negative. The extremities and the trigeminus were not affected. After two weeks the symptoms began to improve, and a month later there only remained a slight failure of accommodation, which subsequently disappeared.

The second case was a boy, 15 years of age. The first symptoms were headache, chills, and vomiting, difficulty in swallowing, weakness of facial muscles and in the tongue. Later there was paralysis of the soft palate, and on the eighth day, besides paralysis of the left abducens, there was loss of power in the glottis and in the muscles of the neck and throat; finally swallowing became impossible, and artificial feeding was resorted to. The patient died on the tenth day from pneumonia. The extremities to the last remained unaffected. At the autopsy numerous foci were found in the medulla oblongata, affecting the nuclei of the roots of the nerves that during life were paralyzed.—*Centralblatt für Med. Wiss.—Med. Times, June 2.*

LEAD PARALYSIS.

A patient was presented by Dr. SEESSEL. He was a man of fifty. All the extensor muscles were involved, the supinator muscles being free; there was marked thenar atrophy. After two sittings with the faradaic current, great

improvement was noticed. Hitzig claimed to have found intumescence of the blood-vessels in saturnine paralysis; the muscles usually showed degenerative reaction in response to the faradaic current, and in some cases degeneration of the large cells in the anterior horn had been observed.

TABLE SHOWING THE DIFFERENCE BETWEEN LEAD PARALYSIS AND KINDRED NERVOUS DISORDERS.

<i>Lead Paralysis</i>	1. Paralysis precedes atrophy. 2. Extensor muscles only affected. 3. Muscles show degenerative reaction. 4. Large cells in anterior horn degenerated.
<i>Progressive Muscular Atrophy</i> ...	1. Atrophy of muscles precedes paralysis. 2. Large cells in anterior horn degenerated.
<i>Amyotrophic Lateral Sclerosis</i> ...	1. Paralysis precedes atrophy. 2. All the muscles of the body are affected. Associated with rigidity of joints, bulbar paralysis, and rapid lethal termination.
<i>Poliomyelitis Anterior</i>	Almost identical with lead paralysis. 1. Extensor muscles only involved. 2. Muscles show degenerative reaction. 3. Histological appearance same as in lead disease.— <i>N. Y. Med. Jour.</i> , July 21.

ACUTE CHOREA.—MASSAGE:

A case of this distressing malady is reported in the London *Lancet* as under the care of Dr. Goodhart, at the Evelina Hospital, who treated it successfully by massage without any medication. The choreic movements were of the most violent character, requiring the use of pillows around the sides of the cot to prevent the patient from injuring herself. Her friends were forbidden to see her and she was placed under a special nurse. Massage was employed night and morning for twenty minutes at a time. For the first twenty-four hours there seemed to be no effect produced, and she did not sleep, but in a short time she began to improve and in thirty-four days all choreic movement had disappeared.—*Medical Review*.

HYDROBROMATE OF IRON IN CHOREA.

A correspondent of the *Lancet* gives the following case: A patient, an anæmic badly nourished girl, aged fourteen, was frightened by a dog and almost immediately afterward developed choreiform movements. At the time of my visit, two days after the onset the child's contortions were painful to witness; her sleep was disturbed and it was with difficulty she could convey her food to her mouth. The heart sounds were normal, and there was no history of previous cardiac or rheumatic affections. After attending to her digestive organs, I prescribed syrup of hydrobromate of iron in twenty minim doses. The effect was very marked. The sedative action was speedily apparent, as the convulsive movements became gradually less severe, and the control of the muscles more readily recovered; whilst at the same time the anæmia was yielding to the accompanying iron. The continued use of the drug for about twenty days completely removed the affection.—*Med. and Surg. Rep.*

GALVANIZATION OF THE BRAIN IN CHOREA.

Dr. C. L. DANA, of New York, read a (*Amer. Neurol. Soc.*) "Note on the Treatment of Chorea by the Sedative Galvanization of the Brain." He reported eight cases of anodal cerebral galvanization; the patients all re-

covered. He claimed it as a valuable adjunct to the treatment of chorea, and said that it may be combined with advantage with the internal administration of arsenic. The method of application is as follows. A large sponge-electrode of flexible brass, four by two inches, is thoroughly moistened with salt water. The hair of the patient is also thoroughly wetted, and the electrode applied over the side of the head above the ear. In hemichorea it need only be applied over the side opposite to the one affected. The other electrode is placed in the hand of the affected side. The electrode upon the scalp is made positive, and a current, three to six Stohrer's, four to eight Daniell's cells, is passed for from three to five minutes. The electricity should be applied daily for at least ten days. If after that time there is no improvement, other treatment may be instituted.—*Med. Times, July 14.*

NUTRITIVE TREATMENT OF DELIRIUM TREMENS.

Death, no doubt, in delirium tremens arises from the want of sleep, but the want of sleep arises from want of nourishment. So says Dr. F. P. Atkinson, in *The Practitioner*. He recommends half a tin of Brand's liquid essence of beef and half a pint of milk to be taken alternately every two hours, and all stimulants to be cut off. Twenty-five grains of chloral, with thirty minims of compound tincture of cardamon in an ounce of water, every four hours, after the beef tea, will be useful. By this treatment, the patient is generally free from delusions in thirty-six hours; but good strong liquid food should be taken less frequently for several days. When there have been from ten to twelve hours more or less continuous sleep, then it is advisable to give up the chloral, and give thirty minims of the compound tincture of gentian with five minims of the tincture of nux vomica three times a day for about three days. This restores the tone of the nervous system and stomach, and creates an appetite. A little tincture of euonymin may next be substituted for the nux vomica, and some Carlsbad salt may be given in the morning when required.—*Med. and Surg. Rep.*

TREATMENT OF EPILEPSY.

Dr. ROBERT SAUNBY sums up an article on this subject as follows:

The principal points to which I wish to draw attention are:

1. The value of combining bromide salts with each other (sodium, ammonium, potassium, lithium, and camphor), and with digitalis.
2. The value of zinc and cannabis indica as adjuvants to the bromide.
3. The use of borax in some cases which resist the bromides.
4. The employment of caffeine or theine and nitro-glycerine in the treatment of epileptic vertigo.—*Jour. Nervous and Mental Dis.*

DRY CUPPING AND REST IN LOCOMOTOR ATAXIA.

Dr. HENRY M. LYMAN considers that even if these means possess no curative power, yet if they did no more than merely relieve pain, which they do, they would be invaluable. He says: "Its effect upon the general health and nutrition gives it the right, in this case at least, to rank with hydrotherapy, massage, and the Swedish movement cure, as a method of treatment which deserves trial as a means of retarding the progress and relieving the anguish of one of the most intractable of diseases."—*Chicago M. J. and Exam.*

TAPEWORM A CAUSE OF APHASIA.

Dr. ARMANGUÉ relates (*Journ. de Méd. et de Chir. Prat.*) a case of a woman of sixty who was seized with vertigo, and a few days later lost the memory of words for some days. After the expulsion of a tapeworm there was no

return of her nervous troubles. He quotes a case of aphasia in a child cured by the expulsion of numerous tricocephali, published by Daniel Gibson; and a case of aphasia coinciding with tænia, published by Siedel. The editor adds a case of reflex hemiplegia and hemianæsthesia, with convulsive seizures, in a little girl of twelve, cured by expelling a tænia, observed by Langer in Germany.—*Med. Record*, July 14.

HICCUGH.—COMPRESSION.

Dr. MARTIN BURKE, of this city, sends us the following item: "Perhaps the narrative of these two cases may prove of interest. John C—— was suddenly seized about a year ago with an attack of hiccough. The cause was unknown. All the usual remedies were tried in vain. Dr. John Burke, my father, was then called upon. Noticing the convulsive heaving of the patient's ribs, more particularly upon the left side, he firmly compressed the side between his two hands, and in a short time the hiccough ceased for the first time in days. The second case was that of Mr. C——, a young man of thirty. He also was attacked, first with vomiting and then with hiccough, most violent and convulsive. Morphine suppositories would produce sleep, but even in sleep the hiccough was distressingly severe. As his vomiting had now ceased, almost every remedy known was called to our aid, but it was not until we had again, by my father's advice, compressed his heaving ribs, that the hiccough almost instantly ceased. It returned indeed within twenty-four hours, but compression again arrested it. The patient is now convalescing, and as hiccough very often proves fatal, perhaps the record of these two cases may prove of service.—*Med. Record*, June 30.

APPARATUS FOR TREATING SCRIVENER'S PALSY.

Paper read by Dr. W. J. MORTON, of New York, Amer. Neurol. Soc. While writer's cramp was not a fatal disease, there were few diseases of the nervous system less curable and more disastrous to the patient's occupation. Better results had been obtained, in his experience, by stretching the muscles than by the use of any form of electricity. Wolff's method of treatment by active and passive exercise of the affected muscles had not proved so successful at the hands of others. He thought the benefit derived by Wolff's method was due to stretching of the muscles, but was of the opinion that it was no more permanent than when the same method was adopted in contractures due to central lesions. Reference was made to the treatment devised by Nussbaum. This method was more simply carried out in the following manner: A thimble was worn on the index finger, consisting of very light elastic metal, split from end to end, clasping the finger entirely; a light elastic rubber band was slipped over the thumb and finger, offering a slight resistance to extension and abduction; to the end of the thimble the pen was attached. The patient thus wrote by movements at the shoulder, those of flexion and abduction being restrained at the fingers.—*N. Y. Med. Jour.*, June 30.

NUTRITIVE ALTERATION OF THE HAND FROM THE PRESSURE OF A DISLOCATED HUMERUS IN THE AXILLA.

Dr. F. T. MILES, of Baltimore, read a paper (Amer. Neurol. Soc.) in which he gave the history of the case of a man fifty years of age who, two years before, fell and injured his shoulder, and afterward suffered extreme pain down the corresponding arm to the fingers, which he was unable to move. He was confined to the house during five months. The severest pain was located in the shoulder. The surgeon then found an unreduced luxation of the humerus into the axilla. There was great deformity of the ring and

little fingers, and the skin was pale and presented a glazed appearance. The fingers could be moved but slightly, and movement at the wrist joint was limited. Touching a finger caused the arm to jerk away in a peculiar manner, but not from pain. The author believed that physicians were inclined to stick too close to custom in always looking for a particular set of symptoms, such as pain, thickened nerve, etc., in any supposed case of neuritis; that the foregoing case, and others which he narrated, illustrated the fact that there might be other changes present, due to an affection of the sensory, motor, and trophic nerves, than the subjective symptoms referred to; and that the symptoms varied greatly in different cases.—*N. Y. Med. Jour.*, June 30.

INJECTION OF CARBOLIC ACID IN NEURALGIA.

Dr. SCHRUMPF publishes in the *Gazette Médicale de Strasbourg* an account of the success which he has met with from the hypodermic injection of carbolic acid in seventeen cases of sciatica, lumbago, cervico-brachial neuralgia, pleurodynia, and muscular pains. Pains which may have lasted for weeks or months are soon relieved, sometimes by a single injection, and at others by four or five, and never requiring more than nine injections. The usual dose was three centigrammes, but in obstinate cases this was doubled or trebled; and Dr. Schaumpf believes that much larger doses may be employed with impunity. He has never found any ill-effect result from the injections, but they are only useful in idiopathic neuralgias, and not in those which are due to spinal disease, compression of nerves, or deeply seated varicose swellings.—*Med. Times and Gaz.*—*Med. News*, July 7.

ETHER SPRAY IN FACIAL NEURALGIA.

Dr. A. M. CARTLEDGE (*Med. Herald*), protects the eye with a piece of oil silk, and directs a spray of ether upon the part affected until its temperature is down to the freezing point of water—say for eight minutes—which will generally suffice. To generate the spray he uses Richardson's atomizer, which is a simple addition to the ordinary perfume atomizer.—*Med. and Surg. Rep.*, July 21.

DISEASES OF THE ORGANS OF RESPIRATION.

REFLEX PHENOMENA DUE TO NASAL DISEASE.

Dr. LOUIS ELSBERG, of New York, read a paper on this subject at the meeting of the Amer. Laryng. Soc. The author's attention had been called to the fact that serious reflex phenomena might be excited by nasal disease as long ago as twenty years, when he cured a very severe case of chorea simply by treatment directed to nasal catarrh. Among the diseases falling under this class of which he had seen examples were melancholia, chorea, epilepsy, neuralgia, headache, digestive disturbances, reflex troubles pertaining to the upper air passages, uterine disorders and affections of the genito-urinary mucous membrane, disorders of smell and taste, various alterations in the speaking and singing voice, bronchial asthma, etc. He called attention to the fact that diffuse external redness of the nose was often dependent upon chronic nasal catarrh. He mentioned the case of a man suffering from chronic nasal catarrh who was always seized with severe sneezing during coitus. The author concluded his paper by quoting the remarks of Dr. A. Jacobi upon this subject, made at a meeting of the New York Obstetrical Society, 1883.

Dr. J. N. Mackenzie, of Baltimore, referred to a paper which he read before one of the Baltimore medical societies, in which, from experimental and clinical observation, he reached the following conclusions: First, that in the nose, as well as in the pharynx, there existed a definite circumscribed area, irritation of which was capable of producing a series of reflex phenomena, but especially cough. This area corresponded, in all probability, to that portion of the mucous membrane which covered the posterior cavernosum. Second, reflex phenomena were only produced when this area was irritated, all parts of which, however, were not equally sensitive. The susceptibility to reflex cough also varied greatly in different persons.

Dr. J. O. Roe, of Rochester, believed that most cases of asthma, especially hay fever, were due to chronic disease of the nose.

Dr. Seiler, of Philadelphia, mentioned the case of a girl taken suddenly with acute coryza, which brought on a severe primary attack of chorea. The choreic symptoms disappeared with the coryza. He also spoke of a case of profuse watery discharge from the nose, coming on suddenly and lasting for about three quarters of an hour, and attended by headache.

Dr. Bosworth thought the last case referred to by Dr. Seiler was purely nervous in character, but that it should not be classed as a case of coryza. The cases were exceedingly rare, there being but about six on record. The fluid, as he had demonstrated by microscopical and chemical examination, was almost pure water. He referred to some cases of distressing spasm of the glottis due to atrophic rhinitis, and relieved by moisture with salt water. He did not believe that chronic thickening of the nasal mucous membrane or that nasal polypi occurred in children, as stated in the quotation from Dr. Jacobi; the condition seen was glandular tissue.—*N. Y. Med. Jour.*, June 9.

CHOREA LARYNGIS.

Dr. FREDERICK I. KNIGHT, of Boston, read a paper on this subject (*Amer. Laryng. Soc.*), in which he spoke of three varieties, viz.: That in which the abductors of the larynx were involved, together with the expiratory muscles, giving rise to paroxysms of coughing, and a barking or crowing sound; second, that in which the muscles of the larynx alone were involved; third, but not properly belonging under this head, that in which the expiratory muscles alone were involved. The author mentioned a case which, so far as he was aware, was unique, in which the laryngeal muscles alone were involved, and a clicking sound, heard by himself and by the patient, was produced, apparently, by the rhythmical contraction of the vocal cords. Arsenic and quinine had had but little effect upon the spasm.

Dr. S. W. Langmaid, of Boston, had seen the case with Dr. Knight, and spoke of the remarkable rhythmical movement of the vocal cords alluded to.

Dr. E. C. Morgan, of Washington, mentioned the case of a girl which fell under the class of cases in which both the laryngeal and the expiratory muscles were affected, and the crowing cough could be heard the distance of a square. He had obtained most benefit from Fowler's solution and monobromated camphor.

Dr. E. F. Ingals, of Chicago, referred to a case in which there were peculiar movements of the levator palati muscle, each contraction of the muscle being accompanied by a clicking sound.

Dr. Langmaid remarked further, with regard to treatment, that in one case falling under the first division, which he believed had been excited by the influence of harsh methods of the music teacher upon the nervous system of the patient, the barking sound was found always to be preceded by opening the mouth. The girl carried out his instructions to close the mouth immediately when an attack was about to occur, and it was thus aborted.—*N. Y. Med. Jour.*, June 9.

LARYNGEAL PARALYSIS FROM ANEURISM.

Dr. WM. PORTER, of St. Louis, communicated a paper on this subject to the Amer. Laryng. Ass'n: Laryngeal paralysis, he said, though a common sequence of thoracic aneurism, is not always the first evidence of the lesion. He presented notes of three cases in which the patients had, when first seen, no other subjective synopsis than those caused by the laryngeal condition.

The first had hoarseness and slight dyspnoea for two months, gradually increasing. There were no evidences of chest trouble, but by the laryngoscope could be seen the left cord fixed nearly in the median line. The opinion that there was pressure upon the left recurrent nerve was confirmed by the sphygmographic tracing of the left radial artery, which was characteristic of the lesion suspected. The tracing at the right wrist was normal. In a few months, the direct evidences of aneurism were easily found, and the affected cord receded to the "cardiac" position, showing that both adductor and abductor filaments of the recurrent nerve were pressed upon. The patient had since died of rupture of the aneurism.

The second case resembled the first in the more important particulars, but, although yet alive, has undoubted evidence of aneurism.

The third case, but recently seen, was one in which the hoarseness and change in voice were due to paralysis of the abductors of the right cord. No intra-laryngeal cause could be found, and as over the region of the ascending aorta near the arteria innominata, a bruit could be heard and slight thrill felt, an aneurism at this point was diagnosed. In this case the sphygmograph showed abnormal tracing at each wrist, which aided in fixing the location.

It is not the rule that an aneurism of this part of the aorta should press upon the right recurrent nerve unless of large size. The proof of aneurism, however, is almost complete, and there is nothing else as yet found to cause the laryngeal paralysis. The patient returned to his home in the South, and Dr. Porter has not been advised of any change in his condition.

In all of these cases the patients sought relief from the laryngeal condition not knowing of the thoracic lesion, and, in the first two, there was nothing in the chest to indicate it. We know that aneurism may exist without appreciable bruit or impulse, but these symptoms as well as increased area of dulness, are generally present when there is lesion enough to produce pressure upon the laryngeal nerve, and, in this, these two were also exceptional.

In all, as is generally true, the abductor filaments were first affected, but in the first as the pressure became greater, the adductor filaments became also impaired, and the changes in voice and respiration consequent were very interesting.

In these instances the sphygmograph gave valuable aid. It may not always give evidence of existing lesion, but where certain deviations from the normal tracings are obtained we can certainly trust its corroborative testimony. The importance of a laryngoscopic examination is self-evident in cases like those reported.—*Medical News*.

MALARIAL LARYNGITIS.

Dr. E. BRIAND having seen certain cases of false croup of no other than malarial origin, concludes that: 1. There exists a form of laryngitis due to malaria, characterized by congestion of the larynx, giving rise, from a symptomatic point of view, to the functional signs of true croup. 2. This variety of laryngitis differs from laryngismus stridulus by the symptoms, course, and prognosis, and generally yields to treatment by sulphate of quinine. 3. It is not very rare in infants, and may be recognized by the fact that it is preceded or followed by malarial manifestations.—*Revue Méd. Franç et Étrang.*—*Med. News*, July 7.

SPASM OF THE GLOTTIS.

A very troublesome laryngeal spasm is sometimes provoked in sensitive subjects by local applications of irritant substances, either as liquid or powder. This spasm arises, according to Dr. Max Schaeffer (*Deutsche Med. Wochenschrift*, No. 2, 1888), by reason of a series of involuntary inspirations, so that when the trachea can contain no more, the air is forced into the œsophagus. He formerly attempted to overcome this by the induced current, but discovered by chance a much more simple and effective method. He holds the patient's mouth and nose and prevents any further inspirations. By this means he asserts that the spasm is speedily overcome,—*Med. Record*.

TREATMENT OF LARYNGEAL PHTHISIS.

Dr. E. FLETCHER INGALS, of Chicago, read a paper on this subject at the Amer. Laryng. Soc.: There are three prominent indications: First, to relieve pain; second, if possible to cure the disease; and, third, failing in either of these, to modify the course of the affection and prolong the patient's life. He believed that these indications could be met successfully in quite a proportion of cases. Pain can generally be relieved by topical applications, even though internal medication is of but little avail. The second indication is met best by the combined topical and internal medication. In the third place, we may succeed in modifying or relieving pain, and enabling the patient to swallow, and so prolong life. Dr. Ingals then gave the history of a few cases which illustrated that the indications mentioned could be satisfactorily fulfilled. He recited the history of two cases which illustrated that laryngeal phthisis can be cured when the pulmonary complications are improving. One favorite local application which he had employed was a combination of carbolic acid, morphia, and tannic acid. He had used eucalyptol with benefit in several cases. In his hands iodoform had given but little or no relief from pain, and had failed to produce any perceptible curative effect. His conclusions were that we may meet the first indication better by topical applications than by any other means, and that we may confidently expect to give relief in a considerable proportion of cases. Second, that a limited proportion of cases may be cured by local and general treatment, the former sometimes being the most important factor. Third, that in many fatal cases life may be prolonged by local applications which relieve the patient from the exhaustion of the pain and irritating cough, and at the same time allow digestion of food.—*Med. and Surg. Rep.*, June 2.

MODERN THEORIES AND TREATMENT OF PHTHISIS.

Under the above heading Dr. POLLOCK has just completed a practical review of a subject which is at present engaging universal attention, even of a non-medical character. This series constitutes the Croonian lectures for this year. He concludes his remarks in the following words (*London Lancet*, April 28, 1888): "No parasitic theory can lessen the importance of the use of tonics and cod-liver oil. Supposing we possessed a local remedy of sufficient power to ensure the destruction of such bacilli as are met with in the secretions, their rapid reproduction would soon overtake our treatment. I fear that in this direction we may have much empiricism and many disappointments.

"Finally, to sum up the brief review which we have been able to make of these new doctrines, it would appear that while some facts, such as the presence of bacilli in all cases of phthisis and their absence in other affections of the lungs and air-passages, are fully proved, there are some assertions of those who hold that such appearances in the lungs and its secretions are the proximate and invariable cause of the disease, which we must for the

present hold to be *sub judice*. Among these doubtful theories are those which concern the production of the parasites. Whether they be endogenous or introduced from without, whether they may not find their birth in certain blood-changes which are the outcome of pyrexial action in the system, or whether they are the product of a like morbid condition in other animal bodies, and from them introduced into other organisms by contact or infection, must remain for the investigation of later pathology. We may safely relegate these interesting questions to the ardent students who are now everywhere carrying on new observations. And for ourselves, knowing well that all pathology is progressive, and that we see but a portion of truth at any time, be content to await the result."—*Med. Record*, June 9.

ALIMENTARY CANAL IN BRONCHITIS AND PHTHISIS.

Dr. THOMAS N. REYNOLDS, of Detroit, read a paper on the above at the Amer. Med. Ass'n:—He said that the abnormal condition of the alimentary canal and portal and lacteal systems was often the predisposing cause of both acute and chronic affections in all parts of the respiratory apparatus. Speaking only of bronchitis and phthisis, acute tracheo-bronchitis was often caused by excess in the dietary with proportionately incomplete waste elimination. In view of this fact, in such cases the treatment should be prompt evacuation of the bowels and restriction of the diet to a light liquid form. Necessary quiet and warmth of the surface should be maintained, but the atmosphere of the room should not be too warm. The cathartic, hot drinks, and a warm surface produced a revulsion of nervous energy from the inflamed part to the bowels, kidneys, and skin. He deprecated the use of ordinary cough mixtures to the exclusion of this more rational treatment. Morphine, quinine, aconite, and veratrum viride were the more usually appropriate remedies in the first stage, but did not equal the treatment without drugs to which he referred.—*Boston M. and S. Jour.*, June 21.

NON-PARASITIC PHTHISIS.

Dr. FRANZ RIEGEL, of Giessen, has made a contribution to the pathology of phthisis which is of especial interest in view of the present active agitation regarding the subject. Riegel has been and still is a believer in Koch's discovery and in Koch's conclusions regarding the causation of tuberculosis. He has recently reported the histories of two cases of phthisis occurring in diabetic patients. He examined the sputa of both. In the one he found the bacilli of tubercle, as has been done before by Immerman and Rüttimeyer. In the other *no bacilli could be found*, despite more than fifty careful examinations. The patient was a man fifty-two years of age, who had suffered from diabetes for a long time. At the left apex of the lung there was dulness, irregular respiratory sounds and moist râles. The sputa was muco-purulent, and at times small masses were expectorated which were found microscopically to contain fatty degenerated portions of the lung parenchyma. There could hardly be any mistake in the diagnosis. It is equally improbable that the failure to find bacilli was due to lack of skill, since Riegel had frequently made such examinations.

It was concluded, therefore, that there is a form of phthisis in diabetics not due to the bacillus. This conclusion is thought to be strengthened by the opinion which pathologists have already advanced, that there occur in diabetes two forms of phthisis, one a tubercular, the other an ulcerative or catarrhal process.

It will be readily seen that if the disciples of Koch admit the existence of a catarrhal phthisis as a complication of one disease, they must admit also the possibility of its occurring under other circumstances. In other words, we are brought back to the old view that phthisis may have two or even three forms; tubercular, catarrhal, and fibroid.—*Med. Record*, June 23.

ALUMINIUM IN THE TREATMENT OF PHTHISIS.

Dr. JULIUS PICK, of Pribyslau, announces the successful use of aluminium in the treatment of pulmonary tuberculosis. Aluminium, he states (in the *Wiener Med. Wochen.*), is one of the most active destroyers of the bacillus of tuberculosis, and assuming that this bacillus is the cause of the disease, the metal in question may be rationally given as a remedy against it. When so administered, it kills the bacillus and takes away the specific character of the disease. If, however, serious organic changes have occurred, the drug will not remedy these; hence, in the latter stages of phthisis, when much tissue has been destroyed, we can expect no good from Dr. Pick's treatment.

The method employed by the investigator in question is illustrated by the history of a young man, both of whose lungs revealed the changes of the first stages of phthisis. He was ordered the following:

R. Aluminii metall, 1.00 gramme; aluminisæ hydr., calc. carb. depur., aa 5.00 gramme; gum tragac, q. s. M. Div. in pil. No. 60. Sig. one t.i.d., two hours after eating.

The lime was added to assist in the calcification of the tubercle!

He was also ordered to be rubbed all over twice daily with oil. After eight days the diarrhoea and night-sweats had ceased, the fever had left him, and his appetite had returned. He was treated for nine weeks, at the end of which time he seemed to have nearly, if not entirely, recovered. The average dose of aluminium was about 0.10 gramme daily.

Dr. Pick reports the above case as a sample of what the metal will do. He does not say how many others he has treated. It is evident that he has not proved very much for his new remedy as yet.—*Med. Record*, June 28.

POWDERED MEAT IN THE TREATMENT OF PHTHISIS.

M. DEBOVE (*Gaz. hebdom. de méd. et de chir.*) employs the following method of rendering his *poudre de viande* palatable: Two soup-spoonfuls of the powder are stirred with cold water in a bowl until the meat seems to be thoroughly dissolved. Two spoonfuls of syrup and an equal amount of some liqueur are then added—curaçao, chartreuse, or kirsch, for example. M. Dujardin-Beaumez reports that, with this preparation, given in quantities of six spoonfuls of the powder daily, remarkable results have been produced in the treatment of consumptives.—*N. Y. Med. Jour.*, July 14.

VOMITING IN PHTHISIS.—BROMINE.

To relieve this symptom Dr. WOILLEZ painted the pharynx with a solution of bromide of potassium, and found it very useful. A pencil of charpie dipped into a solution of pure bromine in two-thirds of water was passed rapidly into the pharynx before meals, the patient being required to abstain from expectoration after as long as possible. In several cases the vomiting was arrested by the first application, while in others the action, though less immediate, was beneficial.—*Journal de Thérap.*—*Indp't. Pract.*

DIAPHRAGMATIC PLEURISY.

Pleurisy of the diaphragm, or, more strictly speaking, of the supra-diaphragmatic space, is always very difficult to diagnose, physiological symptoms being very incomplete, or altogether wanting. Gueneau de Mussy has indicated some signs, which, however, are of good value in elucidating the question in favor of this variety of pleurisy. He discovered that the phrenic nerve is painful to pressure in the accessible points of its course between the

two origins of the sterno-mastoid muscle. Also pressure on a circumscribed portion of the epigastric region awakens an acute pain. This spot is situated in a point corresponding to the intersection of two lines—one coming from the external border of the sternum, the other from the osseous part of the tenth rib. Gueneau de Mussy named this point the button of the diaphragm. Thus, whenever a patient is found to present these symptoms, the case, *ceteris paribus*, may be safely diagnosed as diaphragmatic pleurisy.—*Cor. Med. Press.—Med. Record, June 23.*

EPISTAXIS.—HOT PEDILUVIUM.

Clinic of JOHNATHAN HUTCHINSON: Speaking of the management of obstinate persistent epistaxis, Mr. H. said: "I have on several occasions had to treat cases of epistaxis, which had resisted everything that was tried; and I have always succeeded in arresting the bleeding without having recourse to plugging the nares." After condemning this procedure (plugging) as unnecessary, and even dangerous, and saying that he had once seen Tetanus result from it, he said that the proper plan of treatment is to make the patient set up in a chair, with his feet in hot water; that in the worst cases he had ever dealt with he had persevered in this for (I think) two days, and with ultimate success. The object is of course to withdraw blood from the head by causing dilatation of arterioles of the lower extremities, and aiding the influx of blood by the force of gravity. He pointed this method out as specially valuable in cases of epistaxis occurring in people of an apoplectic habit. The patient should be kept upright, and not allowed to stoop till all hæmorrhage had ceased.—*Can. M. & S. Jour., July.*

EPISTAXIS CURED BY A BLISTER.

Dr. VERNEUIL relates the case of a man whose epistaxis occurred every third day. Sulphate of quinia was given without avail; ergot was administered with no better result; so was digitalis. The patient had been an habitual drinker. The liver was thought perhaps to be "cirrhotic," although no enlargement or tenderness was found in this region. A large fly-blisters was applied over the liver, since which time the epistaxis has not returned.—*Cin. Lancet and Clinic.*

EXPECTORANTS IN COUGH.

The *British Medical Journal* gives an account of experiments made by Dr. Rosbach, of Würzburg, on the effect of commonly recognised expectorants on the mucous membrane. Due precautions were observed, and the following is a brief statement of the results:—

A dose of 30 grains of sodic carbonate or 15 grains of ammoniac chloride injected directly into a cat's femoral vein, instead of making the mucus more soluble and more easily expectorated, produced a gradually increasing pallor and greyish-white appearance of the mucous membrane, and ultimately a complete cessation of the mucous secretion. While the mucous membrane of the normal animal after being dried with blotting paper became moist again in two minutes, that of the drugged animal showed no trace of mucus till ten minutes, and if this small quantity were dried off no more appeared.

Solutions of 1 per cent. to 2 per cent. of sodic carbonate applied locally seemed to produce no effect; but even very weak dilutions of liquor ammoniac caused a marked injection of the mucous membrane with distinctly increased secretion. The local application of a weak solution of acetic acid produced the same effect as liquor ammoniac; and Dr. Rosbach, both from his experiments and observations, is strongly opposed to the use of this drug in throat affections.

Local application of tannin and alum caused the surface to become pale. The secretion was completely abolished, the surface being dry and shining. Solution of nitrate of silver produced a sharply limited patch of chalky white color, over which the mucous secretion was entirely absent. Dr. Rossbach strongly recommends the local application of solution of nitrate of silver in all cases of inflammation of the mucous membrane, more especially when accompanied with pain, feeling of dryness, etc.

The local effect of oil of turpentine on the mucous membrane was somewhat perplexing, as, when sprayed directly on a spot, it caused dryness of the mucous membrane, while a 2 per cent. solution dropped on a spot caused an increased mucous secretion, notwithstanding that there was a diminution of vascularity. Dr. Rossbach strongly recommends oil of turpentine, both internally and locally, in cases of chronic bronchial catarrh, more especially with putrid expectoration. He believes that it has not only an antiseptic, but also a refrigerant and narcotic effect.

Apomorphia, emetine, and pilocarpine, more especially the last, produced a very great increase of the mucous secretion in the larynx, trachea, and bronchi. The subsidiary effects of pilocarpine render it unsuitable as a practical expectorant; but apomorphia Dr. Rossbach considers to be the prototype of all expectorants, giving in his hands most excellent results. He administers it as hydrochlorate of apomorphia in doses of one-fifteenth to one-seventh of a grain thrice daily, with a little dilute hydrochloric acid, the mixture being kept in a dark bottle and containing no sugar.

Atropia produces extreme dryness of the tracheal mucous membrane, accompanied by a gradual increasing hyperæmia. Its effect in deadening the irritability of the membrane is, he finds, very uncertain; while, on the other hand, the effect of morphia, both in diminishing the secretion and lessening irritability is constant. Another advantage possessed by morphia is that the diminution of the secretion is never so great as to be followed by inflammation, which, he asserts, is frequently the case with atropia. A combination of morphia and apomorphia he has found extremely useful in cases of difficult expectoration, while a combination of morphia and atropia has given excellent results in cases of chronic catarrh, emphysema, and phthisis.—*Science News, June.*

EXPECTORANT MIXTURES IN BRONCHITIS.

R. Muriate of ammonia, 3 ij; ext. liquorice pulv., 3 j; mucilage of gum arabic, water, aa ʒ iij. M. Dose.—A tablespoonful every two or three hours.

R. Iodide of potassium, ʒ iiss; syrup of tolu, glycerine, aa ʒ ij; sulph. morphia, gr. j. M. Dose.—A tablespoonful once in four or six hours.

R. Wine of antimony, fld. ext. senega, sweet spirits of nitre, aa ʒ j. M. Dose.—One to two teaspoonfuls as required.

R. Syrup of ipecac, syrup of squills, paregoric, sweet spirits of nitre, aa ʒ j. M. Dose.—From one to three teaspoonfuls as required.—*Medical Gazette.*

TREATMENT OF CORYZA BY THE SULPHATE OF ATROPINE.

A physician of Rheims, M. GENTILHOMME, has recently proposed the use of atropine as a remedy for *acute coryza*. He conceived this notion when reflecting on the power of this agent to arrest the secretions of the nasal mucous membrane. He appears to be unaware that this fact has long been known and frequently utilized in the treatment of affections of the broncho pulmonary mucous membrane characterized by excessive secretion. Atropine frequently acts most efficiently in summer catarrh, in hay asthma, and in ordinary asthma accompanied by bronchorrhœa. Dr. Gentilhomme, only reiterates a fact, therefore, and has made no discovery. He has, however, rendered a service by freshening the professional recollection of a useful practice. The preparation employed may be a solution or a granule. The for-

mer is preferable since changes in the dose given is often necessary. If one grain of sulphate of atropine be dissolved in four drachms of water, two minims will contain $\frac{1}{16}$ grain, usually a sufficient dose to begin with.—*Med. News*, June 9.

CORROSIVE SUBLIMATE IN CATARRH.

Bichloride of mercury, in a solution of one grain to the pint of water, to which two ounces of cherry laurel may be added, is recommended by Dr. J. N. Mackenzie (*Maryland Medical Journal*) in the treatment of inflammatory conditions of the nose and throat with profuse muco-purulent secretion. Crusts that may be present and tenacious mucous should be removed from the surfaces, which should then be sprayed with an atomizer provided with suitable tubes. He regards it as a most valuable disinfectant in ozæna and foetor of the breath from pharyngeal disease. He found it successful in his own case in abating an acute coryza, and had good results in treating chronic nasal catarrh.—*Medical Review*.

LARYNGEAL ANÆSTHETIC.

The local (and reflex) anæsthetic power of carbonic-acid gas has been demonstrated by Dr. Brown-Séquard. By directing a current of this gas upon the upper part of the larynx, in certain animals, for one-quarter to two minutes, local anæsthesia and slight general anæsthesia was produced.—*Nature. Jour. Ment. and Nerv. Dis.*

DYSPNŒA DUE TO SALICYLIC ACID.

Dr. LOUVAIN, of Carlsbad, has met with several cases in which difficulty of breathing was due to the administration of moderate doses of salicylic acid; the breathing was labored and rapid.—*Berl. Klinische Wochenschr.*, 1883, No. 16.—*New. Rem.*, July.

DISEASES OF THE ORGANS OF CIRCULATION.

INFLUENCES OF DISEASE ON THE SIZE OF THE HEART.

The subject has been investigated by Dr. SPETZ, in *Deut. Archiv. für klin. Med.* He finds that in typhus there is no characteristic change in the dimensions of the heart and the large vessels; the same is the case in puerperal pyæmia. In phthisis the heart is diminished, and especially the left ventricle. The right ventricle is often somewhat diminished, but not in proportion to the diminution in the weight of the body. It is sometimes even hypertrophied, but not as a rule. The ratio between the depth of the left ventricle and the circumference of the aorta is diminished, and as this is not compensated for by hypertrophy of the muscular walls of the ventricle, there is a diminution in the arterial tension. Consequently the pulse in phthisis is soft and small. In cancer the depth of the left ventricle is still more diminished than in phthisis, and the right ventricle is affected almost as much as the left. In granular kidney, both ventricles increase very much, but especially the left. The aorta is not correspondingly dilated. In consequence of this the tension in the arteries is very greatly increased. In myo-carditis, also, the heart is dilated and hypertrophied, but the left and right ventricle are almost equally affected. In chronic emphysema both ventricles are much dilated, with very little thickening of the muscular walls. Both ventricles are nearly alike affected. The pulse is full, but small and languid.—*Practitioner. Cin. Lan. and Clin.*, July 21.

THE CONNECTION BETWEEN DISEASES OF THE ABDOMEN AND OF THE RIGHT HEART.

Dr. PASSERINI, in a short but weighty article (*Gazz. degli Ospitali*), gives his views on this subject. Potain in 1878 was the first to call attention to the fact that affections of the digestive apparatus may give rise to disease of the right side of the heart. With the exception of Tessier and Frank, who wrote in 1879 and 1880 respectively, no other author has written on his relationship. The author relates three cases of tricuspid insufficiency due indirectly to peritoneal effusion. Auscultation revealed at the tricuspid orifice a prolonged first sound, and a regurgitant murmur. The second sound was accentuated, more especially over the pulmonary orifice. When the fluid in the peritoneum was removed, there was marked improvement in the character of the heart-sounds. The mode in which the derangement of the heart is effected is regarded as purely mechanical. Owing to the compression, there is in the abdomen a venous ischæmia, whereby in the thorax there is induced a venous hyperæmia. The right side of the heart thus becomes engorged. Moreover, owing to the pressure from below, the diaphragm becomes fixed; the lungs cannot expand freely and express their contained blood. The consequence is that the flow of blood from the pulmonary arteries through the lungs is obstructed. Thus the right heart is exposed to a twofold strain; the greater pressure of the incoming blood from the thoracic venous hyperæmia; and the obstruction to the outgoing blood from the inefficient expansion of the lungs. In confirmation of these views, the author brings forward other facts. He quotes the observation of Larcher (1859) and of Depaul (1880), frequently verified by himself, that in advanced pregnancy the first sound over the pulmonary orifice becomes accentuated, and that sometimes the first sound over the base of the xiphoid cartilage becomes prolonged and blowing. The same phenomena are observed in cases of ovarian cysts and of other large abdominal tumors. Moreover, it is possible in perfectly healthy persons to induce a well-marked accentuation of the sound at the pulmonary orifice by compressing the abdomen, or even by simply causing the subject to hold his breath. From a practical point of view, it would often be of the greatest importance to know whether the abdominal affection caused the heart-mischief.—*London Med. Record.*—*Cin. Lan. and Clin.*, July 14.

DAMAGE TO THE HEART FROM THE INHALATION OF NITROUS OXIDE.

Dr. W. OTTLEY, records a case in which an existing valvular lesion was unfavorably influenced by the administration of nitrous oxide gas. The patient was a young woman who had suffered from rheumatic fever, and was left with a slight mitral lesion. There was a faint murmur, at times hard to hear; the heart was but little enlarged, and there were no functional disturbances. On two occasions this patient took the gas, in order to escape the pain attending the extraction of teeth. The first time there was no trouble; the second time, a few days later, so much dyspnoea and cardiac irregularity were developed that the administration of the gas had to be suspended. Subsequently the patient suffered from palpitation and dyspnoea; the heart was found acting irregularly, and the murmur was very much louder. The heart now, for the first time, gave evidences of inadequacy. This case is interesting from its rarity, the gas having been given indiscriminately with surprisingly few accidents.—*N. Y. Med. Jour.*, June 16.

RHEUMATIC ENDOCARDITIS.

Dr. MACLAGAN complains in the *British Medical Journal* that his treatment of this disease by moderately large and frequently repeated doses of salicin

has not received a fair trial, and that therefore those who denounce his method as a failure do so unjustly. He insists that the alkaloid—not the salicylate—should be given in doses of from 20 to 40 grains every hour for six hours, or until pain is relieved (which it generally is within that time), and that the same dose should then be given every hour till the pain is gone and the temperature falls to the normal, which usually happens within 24 hours. He gives the preference to salicin, not because he regards it as superior to the salicylate of soda as an anti-rheumatic, but because it may be given in large and frequent doses without causing such disturbance of the system as not unfrequently follows the use of the salicylate and necessitates its suspension.—*Can. Lancet, July.*

PECULIAR DISTURBANCE OF THE CAPILLARY CIRCULATION.

At a recent meeting of the Harveian Society, Dr. BROADBENT showed a patient who was suffering from a peculiar disturbance of the capillary circulation. Eight years ago he had a sunstroke, which for a time rendered him insensible; previously to this, he had frequently suffered from pain in the occipital region and vertigo, which since that time had been much aggravated. Seven weeks ago, while looking over a bridge, he was seized with a sudden and violent pain in the back of the head, and intense giddiness, upon which supervened unconsciousness, lasting for fifteen minutes; since that time he had had many similar attacks, as many as three or four a week. He was a man aged forty-six, somewhat deaf, and with a confused manner when spoken to. The patellar tendon reflex was increased, especially on the left side, ankle-clonus was absent; there was slight loss of sensibility in the lower extremities. On speaking to the patient a blush appeared on the face, which extended over the chest and back, and lasted several minutes, leaving a mottling of the skin which somewhat resembled roseola. The *tache cérébrale* was unusually well marked, a line of vivid redness appearing in the track of the finger-nail drawn over the skin; myoidema was also present, though not in so marked a degree as when the patient first came under observation. Dr. Broadbent stated that this was a condition occasionally seen when the nervous system was broken down by overwork and strain. The *tache cérébrale* was most frequently seen in tubercular meningitis, but it was often present in other acute cerebral diseases, and sometimes in enteric fever; its recurrence in association with prostration of the nervous system without fever was interesting. He was reminded of cases in which artificial urticaria could be produced by very slight irritation, but he had seen this in robust health, and it appeared to be congenital. Myoidema was most common in phthisis, and in the late stage of enteric fever, and was generally indicative of wasting under fever. In the case before the meeting, however, there was no history of any febrile condition. It might possibly have been due to insufficient food, which, during the siege of Paris, had given rise to myoidema on a large scale. Dr. Broadbent had once seen this condition in a single muscle, the right trapezius, in a case of aneurism of the aorta.—*Medical Review.*

ABDOMINAL PULSATION.

In the *Review* for March 15, 1882 (p. 133), we printed an original communication on Pulsation of the Abdominal Aorta as mistaken for Aneurism. Recently, at a meeting of the London Medical Society, Dr. Wiltshire read a paper on the same subject, which we condense as follows: Abdominal pulsations occur more frequently in females than in males, aneurisms likewise. It rarely occurs before child-bearing, and when it does it usually arises from impoverished blood, but may be due to tumors or cardiac disease. It becomes more frequent toward and after the change of life, and may then arise from various causes, which may be grouped thus:

Affections of the Vascular System.—1. Cardiac lesions, e. g., aortic regurgitation. 2. Arterial lesions—degenerative changes, such as calcifica-

tion, atheroma, etc., sometimes secondary to renal disease, aneurism, vasomotor disease, peripheral spasm, pressure on the aorta. 8. Blood changes—anaemia, hydræmia, chlorosis, hypinosis, various cachetic states.

Extra Vascular Affections.—Pulsatile tumors of the liver, spleen, stomach, omentum, mesentery, kidneys, etc., notably if malignant; tumors lying over the aorta like horseshoe kidney, movable kidney, pancreatic growths, purulent collections, sarcoma, faecal collections, mesenteric cysts; neurotic affections, as from fright, shock, disappointment, anxiety; Addison's disease; climacteric disorder.

Diagnosis.—Careful physical exploration of abdomen, thorax, pelvis. Inquiry into general condition, particularly of the blood.

Treatment.—Dependant upon cause. Vascular sedatives generally helpful; e. g., potassium iodide, bromide, etc. Blood impoverishment to be amended, Laxatives are usually indicated.—*Med. Review.*

DISEASES OF THE CORONARY ARTERIES AND CHRONIC MYO-CARDITIS.

Cases not unfrequently occur, especially among well-to-do people, more rarely in the poorer class of persons over middle age, in which death occurs suddenly, without previous symptoms, excepting, perhaps, a feeling of constriction or pain at the chest. Dr. Carl Huber, (in *Virchow's Archiv*,) gives a number of such cases in which the cause of death appeared to be sclerosis of the coronary arteries, and consequent chronic myo-carditis. The consequences of this myo-carditis are aneurism of the heart, thrombosis, dilatation, and hypertrophy. The clinical symptoms are angina pectoris, stenocardia, and asthma. These symptoms generally occurred in paroxysms some months before death, generally after excitement, either bodily or mental, several times after dinners. In some there was irregularity or intermittence of the pulse, occasionally cardiac bruits; sometimes there was a sudden giddiness with temporary loss of consciousness on stooping, walking quickly, or going up stairs. The attacks were sometimes also accompanied by symptoms of collapse. Death sometimes occurred almost at once, but at other times several minutes, hours, or even days elapsed, during which time there were the symptoms of cerebral apoplexy, paralytic conditions, and alterations in the cardiac rhythm. The peculiarity of this cardiac affection is that it has nothing whatever to do with endocardial or pericardial disease, but depends on arterial sclerosis. Cardiac apoplexy, the author considers, is a condition to be re-instated in its old place as a well-marked disease, like cerebral apoplexy. It sometimes occurs in young individuals, the general cause of such occurrence being alcoholism or syphilis.—*Practitioner.*—*Cin. Lan. and Clin.*, July 21.

COLLAPSE.—HYPODERMIC INJECTION OF AMMONIA.

The value of intra-venous injections of ammonia has been attested. The following case sent us by Dr. Willis Cummings, of New Canaan, Conn., seems to show that ammonia may be equally valuable given hypodermically. We regret that our correspondent did not assure himself more positively whether the sun or alcohol had the most to do with his patient's prostration. Dr. C. writes: "Was called to see a young man said to be overcome with the heat. Found him in a stable lying on his back, in a perfectly relaxed and apparently anæsthetic state. Was unable to arouse him by pinching, slapping, shouting, or pounding his feet. He had been drinking largely of cider brandy in the morning, after which he took a long ride in the sun, wearing a silk hat. Had been unconscious about an hour and a half before I saw him, which was about 8.30 P. M. Found pupils slightly contracted, head cold, under jaw slightly fallen, extremities cold, and also the whole body, particularly the epigastric region; respiratory movements hardly perceptible to the eye, but little more so to the hand. Heart-beat greatly

reduced in force, though pulse was about 100 and very weak. Before I came ammonia had been applied to nostrils and rubbed on back of neck. Cold douches to head, and rubbing extremities had been tried. After using the ordinary means of treatment and getting no satisfactory results whatever, I put four or five drops of ordinary water of ammonia to about a teaspoonful of water, and gave ten drops of this solution hypodermically in the left arm. Within five minutes he was conscious. Before coming to, his cervical muscles twitched a little, and the upper thoracic muscles seemed to contract slightly, making him expire freely with a short, full inspiration. Within the next ten minutes he was walking with the aid of a friend, fully restored to consciousness and able to swear at the pain in his arm. Of course there was a pretty active inflammation at the seat of puncture from the needle. Altogether it was less than ten minutes between the time that he seemed to be at the point of death and the time he was on his feet. He was kept in the shade for about two hours, when he got into his wagon and rode off, a little dazed, but perfectly conscious, especially of the red spot on his arm."—*Med. Rev.* July 14.

VENESECTION.

In an interesting paper on this subject, Dr. W. H. BROADBENT regrets that modern sentiment is so strongly against it, and proceeds to describe some conditions in which it is a most efficient remedy. In pulmonary congestion from pneumonia, severe bronchitis, or mitral stenosis, especially when attended with considerable dilatation of the right heart, as denoted by a systolic tricuspid murmur and venous pulse in the jugular, it affords immediate relief. In these cases venesection to so small an amount as eight ounces causes the pulse to become slower, steadier, and fuller, and often relieves dyspnoea to a wonderful degree. The author does not believe that it is ever called for in aortic disease or in mitral regurgitation. A small venesection often temporarily relieves the distress from pressure effects in aortic aneurysm. In convulsions, associated with increased arterial tension, venesection is the best of all treatments; and this is equally true of convulsions uræmic and proceeding from other causes. In apoplexy, with great cyanosis and stertor, without failure of the pulse, venesection often does good and is without danger.—*N. Y. Med. Jour.*, June 16.

A CASE FOR VENESECTION.

Dr. A. C. SHOUT reports in the *Brit. Med. Jour.*, April 28, 1883, the case of a young man, who, for some days, had been suffering from a fullness in the head, that rendered his gait unsteady. He fell into a canal, and when seen was lying on his back. His wet clothes removed, body warm, skin dry, breathing slow, face and neck swollen and congested; pupils semi-dilated, and jaws firmly locked; pulse 100, and comatose. Venesection was performed to the extent of thirty ounces, when he slept for two or three hours and awoke perfectly well.—*Med. and Surg. Rep.*

APOPLEXY.

In a recent discussion upon venesection in apoplexy, before the Société de Thérapeutique, Dujardin-Beaumetz opposed bleeding. He said that in apoplexy there is ordinarily a cerebral congestion, or a hemorrhage, or an anæmia; in the last two cases, which it is almost impossible to distinguish clinically from the other, resulting as they do from vascular lesions, bleeding should not be employed. Venesection to suspend a hemorrhage, logically, should be pushed to syncope; without this it is useless. In anæmia it is irrational, and, moreover, would have no influence upon the vascular lesions and arterial obstruction which are the efficient cause of the cerebral disorder

of circulation. The utility of bleeding even in cerebral congestion, or the "rush of blood" of older writers, is, to say the least, disputable, while in anæmia and hemorrhage it is dangerous and useless. Whenever a hemiplegia persists, no matter how slightly, for twenty-four hours, we may rest assured that it is not simply due to cerebral congestion, but to a hemorrhage or local anæmia.—*Revue de Thérap.*—*Med. Times*, June 16.

OCCLUSION OF THE INFERIOR VENA CAVA.

Before the Academy of Medicine in Ireland (*Med Press*, March 21, 1883), Dr. F. W. Warren read a paper on the subject of occlusion of the inferior vena cava, illustrating his remarks with a rare case in which the inferior cava was completely occluded by a calcareous tumor, about the size of a bean, growing by a narrow pedicle from the great Eustachian valve. The tumor completely obstructed the vein at the caval opening of the diaphragm, and was adherent to the lining membrane of the vein. The specimen was taken from the body of a male, æt. twenty-two. During life, both lower limbs, the front of the abdomen and the anterior aspect of the thorax, were covered with a close network of varical veins—the head, neck, and upper extremities being perfectly normal in appearance. The patient stated he had these enlarged veins as long as he could remember. He was otherwise perfectly healthy, there being no œdema, no hemorrhoids, no albuminuria; but he died unexpectedly of enteric fever from perforative peritonitis, and he suffered from œdema of the liver from the onset of the fever. A careful post-mortem examination having been made, the principal channels of collateral circulation were as follows: The vena was about the size of the latter vein in health; the superficial compensatory circulation was principally carried on by the superficial deep epigastric veins, with the circumflex iliac veins from below anastomosing with the internal mammary and long thoracic veins from above, the source of blood current being reversed and passing from below upward. Within the cava, just as it opened into the right auricle, the tumor already described was discerned. The venæ cavæ hepaticæ were not obstructed, as a surgical probe could be passed through them into the right auricle. Dr. Warren was of opinion that the tumor commenced as a fibrinous vegetation upon the great Eustachian valve, and then underwent calcareous degeneration, causing very gradual and finally complete obstruction of the cava. Upon striking the tumor with a pencil or spatula, its stony and calcareous character was readily demonstrated. The tumor did not in any way partake of the character of a thrombus, as it was round, small, isolated, and attached by a narrow pedicle to the valve. Dr. Warren was also of opinion that the tumor was intra-venous altogether in its origin and development.—*Med. and Surg. Reporter*.

HÆMOGLOBINÆMIA AND HÆMOGLOBINURIA.

Under the above title, PONFICK discusses a condition of the blood in which the hæmoglobin is dissolved out of the blood-disk. He showed that a large number of substances possess the power, when injected into the blood, of dissolving the red blood-corpuscles. Among them are the bloods of other species and numerous poisons. The substances in question may, on the one hand, so act upon the blood as to destroy the affinity between the coloring matter and the stroma of the corpuscle, breaking up the latter into innumerable smaller fragments, such being the action of heat and cold (freezing). Or, if it be chemical agents, the stroma of the corpuscle may remain as intact but invisible bodies (Norris' invisible corpuscles?).

An important symptom of such solution is the appearance of blood-coloring matters in the urine, which may, in consequence, be colored red, black, or dirty red. The urine contains hæmoglobin, but no corpuscles. The organism frees itself of the fragments of blood-corpuscles, first through

the spleen, which is often quickly distended by them. The freed coloring matter passes first to the liver, and is largely separated with the bile. But to this separation there is a limit, and when it is reached, the coloring matter passes over into the urine.

Even a small quantity of this coloring matter, according to Ponfick, throws the kidneys into a state of great irritability; and the great danger of hæmoglobinæmia, according to him, is an obstruction of the uriniferous tubules, which may produce inflammation with a fatal termination.

Ponfick therefore makes three grades of hæmoglobinæmia: the first in which there is none in the urine, and which is therefore not recognizable; second, that which lasts from one to three days, which may terminate favorably if the tube-casts can be washed out of the uriniferous tubules by increased force of the heart's action, and which is, therefore, amenable to diuretic treatment; and, third, cases in which the tubuli are irremediably obstructed. There may also be in these hæmoglobinæmias high degrees of hæmotogenous jaundice.—*Med. News*, July 7.

EFFECT OF DRUGS ON HÆMAGLOBIN.

An investigation on this subject has led FENOGLIO to the following results: Preparations of iron have a very unequal action, and during their administration the quantity of hæmaglobin in the blood should always be tested. Lactate of iron and Bland's pills (consisting of oxide of iron and carbonate of potash) are preferable to Bravais' dialyzed iron; but though this preparation is not so powerful as the others, it is by no means without effect. The action of Fowler's solution becomes more powerful the longer it is continued. Notwithstanding the opposition of many authors, Fowler's solution is indicated in anæmia and chlorosis, and all conditions where the hæmaglobin of the blood is diminished, for this preparation both increases the hæmaglobin and improves the appetite and the general appearance.—*Practitioner*, June, 1883.—*Med. News*, June 30.

GUENEAU DE MUSSY'S HÆMOSTATIC PILLS.

The "*Union Médicale*" gives the following formula:

Extract of rhatany, 4·00 [1 drachm]; powdered ergot, 3·00 [45 grains]; powdered digitalis, 0·50 [8 grains]; extract of hyoscyamus, 0·25 [4 grains].

Divide into twenty pills. From four to six to be given in the course of twenty-four hours.—*N. Y. Med. Jour.*, July 21.

DISEASES OF THE ORGANS OF DIGESTION. -

CLERGYMAN'S SORE THROAT.—LOBELIA.

JULIAN BERRY, M. D., Carrsville, Ky., writes:—Some months since I was consulted by a clergyman in regard to his throat, which had troubled him to an extent that compelled the abandonment of his professional duties in the pulpit and forced him to seek medical aid. On examination, all visible parts of the inner throat were very much inflamed; with patches of ulceration scattered over the fauces. The patient was much reduced from loss of appetite and suffering, was feverish, and presented all of the symptoms belonging to a typical case of chronic laryngitis. As a general tonic, iron and quinine were given three times a day. Locally, fresh tr. lobelia was used as a gargle, ad libitum. In two weeks my patient called again greatly improved. The inflammation had subsided, and he was able to resume

preaching. He continued to gargle for four weeks, since which time he has not complained of a symptom of his former disease.—*Miss. Val. Med. Monthly.*

HOT WATER AS A GARGLE.

Dr. RITZY has found hot water systematically employed as a gargle of great benefit in overcoming the sensation of rawness incident to acute pharyngitis. He found that the use of hot water paled the red and inflamed mucous membrane more or less permanently. And, so far as unpleasant personal sensations went, it cured the pharyngitis. He also believes that this simple plan of treatment would prove beneficial in diphtheria, in patients old enough to gargle intelligently. In ordinary tonsillitis hot water, he thinks, would hardly fail to act well. The water should be used as hot as can be well borne, and gargling should be practiced for several minutes at a time.—*The Medical Age.*

CYNANCHE SUBLINGUALIS.—PARENCHYMATOUS INJECTION OF CARBOLIC ACID.

BERTELS has used injections of carbolic acid in a case of cynanche sublingualis with success. Skibnewski (*Vratsch*, 1883, No. 1,) has used the same treatment in two very bad cases, with excellent result. In the first case the disease had been progressing for some time, until the throat and mouth were so much affected as to seriously interfere with swallowing and speech. This was also the case, to a greater extent, in the second. In the first case thirteen injections, two per cent., were made in five days, and grs. xij of the acid used. The relief was very quick in one night, and in ten days the patient was discharged. The result in the second case was still more satisfactory. The disease had lasted four days, the tumor extended down to the clavicle, swallowing and speaking impossible, great cyanosis, tongue immovable. The injections were made in the afternoon, and the next morning the tumor was so much reduced that swallowing and speaking could be performed.—*Centralbl. f. Chir.—Med. News.*

ACUTE PHARYNGITIS.

Two grains of the chloride of ammonium, combined with ten or fifteen minims of the tincture of cubebs, given every half hour, oftentimes controls acute pharyngitis and superficial inflammations of the other tissues about the throat. For inflammation of the throat dependent upon a gouty diathesis, add to this mixture ten minims of the ammoniated tincture of guaiac, and administer every hour.—*Med. Brief, July.*

IDIOPATHIC SPASM OF THE TONGUE.

DOCHMANN reports (*St. Petersburger Med. Wochenschr.*) a case of this affection in addition to the single case reported by Erb, and the two by Berger. A young girl, of nine years, had rhythmical spasms of the tongue at intervals of eight or ten minutes. During the spasm the tongue was not painful, but so much fatigued that when it was voluntarily stretched out it remained fixed between the teeth for a long time. It felt hard, was not convulsed, but sometimes, toward the end of the attack, would be bent over, as though the patient wished to lick her upper lip; then the tongue would be drawn back into the cavity of the mouth, with or without the will of the patient. The whole attack lasted eight to fifteen seconds; the longer, the greater the intervals between the paroxysms. During the paroxysms the tongue was continually struck against the teeth, causing much pain.—*Centralbl. für Chirurg.—Med. News.*

CLIMACTERIC DYSPEPSIA.

Mr. PRANGLEY read a paper on this subject before the Norwich Medico-Chirurgical Society. It occurs in women between the ages of forty and fifty. The symptoms are those of great nervous depression, with pain on the top of the head, noises in the ears, hot flushes and chills, with curious sensations in the abdomen. The dyspeptic symptoms are those of præcordial distress, with palpitation, costive bowels, coated tongue, and foul breath. The treatment consists in the administration of bismuth, bicarbonate of potash, and ammonia, adding valerian if the nervous symptoms predominate, followed by quinine, strychnia, and the dilute nitro-hydrochloric acid.—*Med. and Surg. Rep.*

IODINE FOR VOMITING.

Dr. T. T. GUANT (*American Journal of the Medical Sci.*) has for a number of years been employing the compound tincture of iodine in drop doses in nearly all forms of emesis, and reports thirteen cases of the most varied character, in all of which vomiting was promptly arrested by its use.—*Med. and Surg. Rep.*, June 2.

CARCINOMA OF THE COMMON BILE-DUCT.

Dr. F. DELAFIELD, reported a case to the N. Y. Med. and Surg. Society in which the question of aspiration of a diluted gall-bladder arose. The patient died a few days later, and the cause of the changes was found to be carcinoma of the common bile-duct. This constituted the fifth case of carcinoma of the common bile-duct which had come under his observation, and, as the disease occurred rarely, the facts common to the five cases were related as follows:

Five cases occurred in males. The patients were of the ages of thirty-five, fifty-one, forty-seven, fifty, and forty-eight years respectively; in three cases the duration of the disease from the commencement of the symptoms was three months, in one case two months, in the other only one month. Two of the cases were preceded by chronic dysentery. Jaundice, which developed very rapidly, and progressed throughout the course of the disease, was the first symptom in all the cases. In two of the cases, with the development of the jaundice, attacks of severe pain occurred in the epigastric region. In all there were loss of appetite, nausea, and vomiting. After the disease had become established, all of the patients emaciated rapidly. In one case the attacks of pain were repeated throughout the course of the disease. In three there were bleeding from the gums, vomiting of blood, passage of blood from the bowel, and extravasations of blood into the skin. In only one case was there febrile movement, and in that instance it was probably due to suppurative inflammation of the bile-duct. It was found at the post-mortem examination that the tumor of the bile-duct was not sufficiently large in any of the cases to enable one to make a diagnosis. In two of the cases there was simply an infiltration of the walls of the duct with cancerous material. In all, the new growth seemed to have originated in the mucous glands in the walls of the bile-duct, and had the characters of an epithelial cancer with cells of the cylindrical variety. In two cases the new growth had extended to that portion of the pancreas immediately beneath the bile-duct, infiltrating its tissue to a moderate extent. In one case there were secondary nodules in the lungs. In none of the others had metastatic growths occurred in other parts of the body. The liver was considerably increased in size in four of the cases; in one it was of about normal size. In only one case was there perceptible dilatation of the gall-bladder. In one case there was catarrhal inflammation of the bile-duct, with suppurative inflammation of the adjacent liver-tissue, which had produced small abscesses.—*N. Y. Med. Jour.*

PERNICIOUS JAUNDICE.

The following case is related by Dr. VERDALLE in the *Journal de Médecine de Bordeaux*. A young man, nineteen years of age, of temperate habits, and of good physique, was admitted to hospital complaining of nothing but excessive lassitude. He had marked jaundice with clay-colored stools, but there were no nervous symptoms and no fever. The liver was normal in size and not tender on pressure. Laxatives and Vichy water were prescribed, and no further attention was paid to the case, it being supposed to be one of simple catarrhal jaundice. Five days later there was vomiting, which was controlled by simple remedies. Four days after this, suddenly, during the night the patient became wildly delirious, in which condition he remained until morning, when coma set in. There was absolute unconsciousness, reflex movements were abolished, the pupils were dilated, the pulse was sixty and regular, and the temperature was sub-normal. Death ensued the following night. The autopsy revealed acute interstitial hepatitis. The liver was of normal size, and showed upon its surface and within its substance a number of irregularly shaped spots of a bright yellow color. There were numerous small ecchymoses upon the gastric mucous membrane. The brain and meninges presented no traces of inflammation.—*Medical Record*.

ICTERUS.—ITCHING OF.

To relieve the itching, often a very serious symptom attending icterus, Dr. Harley, in "Diseases of the Liver," recommends taking, just before going to bed, half a teaspoonful of bicarbonate of soda, with from two to ten grains of iodide of potassium, in six ounces of water.—*Albany Med. Annals, June*.

GALL-STONES.—CHLOROFORM.

For gall-stones, Dr. JOHN BARCLAY, of Leicester, England, recommends two or three drops of chloroform three or four times daily in any vehicle, persevered in for two periods of attack.—*Med. and Surg. Rep., July 14*.

CARBUNCULUS INTERNUS.

Under this name, Dr. STEPANOFF describes a case of intestinal anthrax, or Buhl's "mycosis intestinalis," which occurred in a soldier, aged twenty-one, who, soon after eating some boiled pork, began to suffer from vomiting. On admission a few hours later, he presented the following symptoms: extreme prostration, hippocratic face, cyanosis, rapid and weak pulse, cold extremities, moist and coated tongue, thirst, inflation of the belly, tenderness in the epigastric, umbilical, and right iliac regions, labored slow respiration interrupted with sighs and groans, and incessant sickness. There was no diarrhoea, fever, headache, giddiness, or loss of consciousness. The nature of his disease was recognised only after his death, which occurred twenty hours after the first symptoms. About three feet from the cæcum the hyperæmic mucous membrane of the small intestine presented a dark red, roundish, flat, œdematous swelling, two and one half centimetres in diameter; at its margin was seen a black dense tubercle, about one and one-half centimetre broad. Numerous dark red elevated small spots were scattered along the small intestine. Peyer's patches and the solitary follicles were slightly swollen. The abdominal cavity contained a considerable quantity of sanguinolent fluid. The spleen and liver were hyperæmic, but not enlarged. The blood was almost black, with easily friable clots. Neither microscopic examination nor inoculation experiments were made. Similar cases of internal anthrax were published by Dr. Rosenberg in the *Moscow. Med. Gazeta*, No. 4, 1876, and

Dr. R. Albrecht in the *St. Petersburg. Med. Wochensh.*, Nos. 43 and 44, 1878. Of six patients of the latter, five were wool-sorters. In only one of the cases, in which the skin was simultaneously affected, the diagnosis was made during life.—*London Med. Rec.—Med. Record, June 2.*

THROMBOSIS IN THE THORACIC DUCT.

Thrombosis in the thoracic duct has so far been observed in cases of tuberculosis only, and was then caused also by tubercles only, so that one could hardly speak of true thrombosis, though anatomically speaking, the same lesion exists. Dr. U. Hilling has lately observed six such cases, and publishes them in *Virchow's Arch.* lxxxviii., p. 111. In each case there was tubercular inflammation and thrombosis in the thoracic duct, and five of them were met with in cases of general miliary tuberculosis, and in far-advanced age. In children who died of tuberculosis of the intestines, the morbid lesion just mentioned has never as yet been met with. In older persons, cheesy or tubercular foci were found only in two such cases. It seems as if the greater the elasticity and vitality of the duct in young persons were obstacles to this form of thrombosis. When it does happen, the most rapid emaciation—a very natural symptom—is immediately noticed, besides the well-known peculiar sensation in the back.—*Med. and Surg. Rep.*

CAUSE OF HYSTERICAL TYMPANITES.

EBSTEIN regards the tympanites which develops so rapidly in an hysterical attack, as due to an incontinence of the pyloric sphincter, and when air is swallowed during an attack it passes through the stomach directly into the intestines. He experimented upon two cases by giving an effervescing mixture, and found that the phenomenon was markedly increased immediately after it was swallowed. He regards this as a pathological condition; Küssmaul, however, asserts that when the stomach is empty, relaxation of the pylorus is the normal state.—*Centralbl. f. Klin. Med.—Med. News.*

SWALLOWING OF SHOT AND INSUFFLATION IN THE TREATMENT OF ILEUS.

In three cases with well-marked symptoms of invagination of the bowel (*Gazz. Med. Ital. Lomb.*), Dr. Pedrini, after other remedies had failed to relieve, made the patient swallow five or six bullets and four pounds of No. 3 shot, at the same time using prolonged and repeated insufflation of air by the rectum. In each case the success of this treatment was complete, relief being quickly obtained, and the patient making a good recovery.—*Med. Record, July 14.*

FATTY DIARRHŒA.

Dr. WOOLVERTON read a paper on this subject at the Ontario Medical Association with the history of a case that came under his care last summer. The patient, a woman, aged thirty-three, was in the habit of drinking much liquor. From ten to twelve ounces of fat were passed in twenty-four hours. It was semifluid, and of very offensive odor. It disappeared from the stools in a few days, to reappear for a short time some weeks later. It has not troubled her since. No fatty food had been taken, owing to a distaste for it. On microscopic examination, the fat appeared to emulsified. Whether it was from the food or secretion, at the expense of the system, was not known. Dr. Wells, of New York, in 1854, reported a case of fatty diarrhœa, in which there was no effect on the amount or character of the fat evacuated by the

the consumption or abstinence from fatty food. The sago-like mucus sometimes occurring in the stools in certain diseases of the bowels should be differentiated from fat.

Dr. Sheard, of Toronto, said he had made post-mortem examinations on three cases in which there was fatty diarrhoea at the time of death. In one there was cancer of the pancreas; in another, cirrhosis of the liver, kidneys, and pancreas; in the third, the mesenteric glands were diseased. In all these cases there was obstruction of the absorbents either from pressure or disease. The digested fat in the stools in case of the cancer indicated the agency of other fluids than that of the pancreas in the digestion of fat. He thought that fat in the stools was due to non-absorption, rather than to secretion.—*Med. News*, June 28.

OXIDE OF ZINC IN CHRONIC DIARRHŒA.

Dr. M. GUBLER has found it most useful in the diarrhoea of phthisis, and whenever ulceration of the uterus is suspected. He gives it in powders in the following form: Oxide of zinc, thirty grains; bicarbonate of soda, ten grains; in four powders two or three daily.—*Can. Med. Record*, June.

TREATMENT OF DYSENTERY IN EGYPT.

From experience with the dysentery of the soldiers returning from the expedition to Egypt, Dr. RAWLE recommends highly the following method. Give a simple enema at a temperature of about 90°, and as soon as it has been discharged give one containing sulphate of quinia (gr. x), tincture of camphor (f 3 iv), in barley water (℥ ij), which is to be retained.—*La France Médicale*.—*Méd. Times*.

DYSENTERY.—INJURIOUS EFFECTS OF STIMULANTS.

D. B. GUNN, M.D., Brandon, Miss., writes: Some thirty years ago I was treating a negro boy for dysentery, and he had gotten so very low that I expected every hour to be his last. I was then a strong believer in stimulants, and supposed I was keeping him alive with port wine. When I would give it to him it would raise the pulse at the wrist, and when the stimulating effects of the wine would pass off, the pulse would go with it. I was staying at the house one night, expecting him to die before morning, and during the night the nurse came and reported that the boy's father had drunk up all the wine. The master sent eight miles for more wine; but, in the meantime, I gave the boy nourishing soup and plenty of sweet milk, and when the wine came, sometime after breakfast, I found that the patient had a permanent pulse, and I suspended the wine to see the result. By night he was so much improved that I did not resume the wine, and the case was convalescent in a few days. From that day to this I have closely watched the effects of stimulants, and am thoroughly convinced that in nine-tenths of the cases where they are used they do more harm than good. I have entirely discarded their use in disease.—*Med. Brief*.

ACCIDENTS PRODUCED BY LUMBRICI.

At a recent meeting of the Société de Thérapeutique, a member mentioned a case where a large number of round worms were found in the hepatic ducts, and several encysted in different parts of the liver.

The patient was a little girl, five years of age, who was brought to the hospital in an alarming state, presenting choleriform symptoms. The physician learned that the child had passed three round worms, but did not pay any particular attention to the circumstance. The child succumbed three days

later. At the autopsy a perforation of the stomach and general peritonitis was discovered; several lumbrici were found in the abdominal cavity. Very little attention is paid to lumbrici at Paris, as the water in common use is filtered, and worms are not often found. M. Archambault recalled a curious case which occurred in his practice. Three children, newly arrived in Paris, after partaking very freely of spiced cakes were suddenly seized with alarming symptoms, one with convulsions, another with very painful colic, and the third with diarrhœa and vomiting. As the matters vomited contained several lumbrici, santonin (20 centigrammes) was given, and caused the expulsion of a large number of worms.

It is evident that in these cases, the alarming symptoms were induced by the violent reaction of the worms, irritated by the spiced food.

Many cases of arthralgia in children are due to the presence of lumbrici, and the pains disappear on the administration of santonin.—*Med. and Surg. Rep.*

“PEAR GRIT” AS A CAUSE OF ANAL IRRITATION.

Dr. J. R. ROTHROCK, Philadelphia, calls attention, in the *Medical and Surgical Reporter*, to “pear grit” as a cause of anal irritation. The symptoms which occurred for successive summers to a healthy individual fond of fruit, were those of excessive pain at defecation, tenesmus, flattened fæces and discharge of blood. The periodical return called attention to the cause, pears being eaten very freely. It was found that on the closet paper used there were small white hard bodies, microscopically found to be the schlerenchyma, or stone cells, found in pears. These are of the same material and hardness as the shell of the hickory nut. Presenting numerous sharp angles, when clustered together these may easily be a source of distress and inflammation if lodged in the fold of mucous membrane of the anus.—*Albany Med. Annals. June.*

DISEASES OF THE URINARY ORGANS.

ACETONÆMIA IN SACCHARINE DIABETES.

According to the closely followed observations of six cases, JAENICKE (*Deutsch Arch. f. klin. Med.*) concludes that the presence of ethyldiacetic ether in the urine is the result of an exaggerated meat diet. Thus the characteristic odour of the expiration, communicated by the acetone, coincided with the increase of meat in the regimen; twenty-four hours, forty-eight hours at the most, after an alteration of the diet in this respect the reaction to the perchloride of iron appeared in the urine, it became less and less marked according as the meat diminished, disappearing forty-eight hours after the establishment of a mixed diet. Such is the absolute rule for all diabetics of low condition treated at the hospital. From day to day a nourishment almost exclusively animalized replaces the miserable vegetable flesh of the poor, whilst the cessation of all work restrains the combustion which it is necessary to encourage. The increase in the blood of nitrogenized excrementitious matters, and the gastro-intestinal troubles resulting from such a condition of things, eventuates in the production of that badly-determined and hypothetical body, Ethyldiacetic ether, of which acetone is a derivative. The researches of the author confirm absolutely the toxicity of this first body, —*L'Un. Méd.—Can. Pract., July.*

ACETONURIA AND DIACETURIA.

Recent studies have contributed considerably to our knowledge of these processes, which were formerly considered to be peculiar to diabetes, and to

cause the so-called diabetic coma. Thus, in a late paper (*Deut. Med. Woch.*, May 28d,) Jacksch asserts that the phenomena of diabetic coma, so-called, occur also in carcinoma and the infectious diseases, and are attended by the presence of acetic acid in the blood. Whence the condition of the urine is termed *diaceturia*, in contrast to *acetonuria* a much less dangerous condition which constantly attends high grades of continuous fever. Naturally, also, the term *coma diaceticum* is preferred for the more serious condition to the older *coma diabeticum*.

Jacksch adopts the view of Frerichs, that the state of the blood is due to a zymotic process, the exact nature of which is as yet unknown.—*Med. News*, June 30.

ARSENITE OF BROMINE AND ITS USE IN THE TREATMENT OF DIABETES MELLITUS.

Dr. R. H. GILLIFORD, of Alleghany, Pa. (*Medical Record*, June 9th), combines bromine with arsenious acid in the proportion of 240 parts by weight of bromine to 99 part by weight of arsenious acid; the union takes place slowly, taking many days to pass into an oily liquid, which is soluble in water and alcohol without any apparent reaction. If water is added before the union is complete, an immediate and rapid reaction takes place, with the evolution of considerable heat, water is decomposed, and a solution of hydrobromic and arsenic acid, with a little free bromine is formed. The complete union, before the addition of water, is much less irritating to the stomach. Dr. Theodore Clemens, of Frankfort, Germany, has been using some compound of bromine and arsenic in the treatment of diabetes, and has reported great benefit from its use. The medical journals have called his remedy bromide of arsenic, but Dr. Gilliford thinks it probable that it is the arsenite of bromine.

Its use in the treatment of diabetes mellitus has been followed by the most marked benefit in every case in which it has been prescribed so far, and the notes of four cases are given to sustain this statement.—*Jour. Amer. Med. Ass'n*, July 14.

FILARIAL HÆMATO-CHYLURIA.

Dr. S. MACKENZIE records the case of a soldier, a native of Madras, but born of European parents, who, after arriving in England, found that his urine became increased in quantity, turbid, slimy, and by degrees quite milky. A little later he was seized with a sudden violent pain, extending from the left loin to the left testicle, and was admitted into the military hospital, and thence transferred to Dr. Mackenzie's care. The urine averaged one hundred and twenty ounces in daily quantity, its specific gravity was about 1.010, neutral or faintly alkaline, and contained always some albumen, but no sugar. The urea averaged .6 per cent. Ether readily removed the milky color. It deposited blood, triple phosphates, rarely oxalates, bacteria, and embryo filariæ sanguinis hominis. The blood, at night contained numerous filariæ, the maximum being reached at midnight, but they were absent during the day. By inverting the order of his life, so that he slept by day and was up at night, this condition of things altered too, and the maximum of filariæ in the blood was then at noon. After being under observation some time, patient got a chill, had a rigor, followed by signs of pneumonia at the left apex. This was followed by abscesses at the root of the neck and left shoulder-joint, which were opened. From the date of this illness the urine ceased to be milky, and the filariæ disappeared from the blood. The patient ultimately died, with empyema of right side of chest. The kidneys were slightly enlarged, and in early stage of suppurative nephritis. The mucous membrane of the bladder was thickened, covered with mucus, and contained extravasations. The abdominal lymphatics were carefully dissected, and found to be greatly dilated. The thoracic duct was

dilated below and obliterated above. The lymphatics of the left kidney were especially dilated, and contained calculi. No trace of the parent worm could be discovered. No communication could be traced between the dilated lymphatics and the urinary passages.—*London Med. Rec.—Med. Record, July 14.*

CONTRAINDICATION FOR PILOCARPINE IN BRIGHT'S DISEASE.

Prof. SOUSA MARTINS, (*Medicina Contemp.*) of Lisbon, holds that this drug should never be administered in Bright's Disease without having previously tested the capacity of the skin to respond to its action. He first determines the functional activity of the sudoriparous glands by giving a vapour bath. If they respond the Pilocarpine will do good; if they do not it may occasion harm by producing effusion in the internal serous cavities—the arachnoid for instance—and he has known death to ensue.—*Can. Pract., June.*

URÆMIC COMA HASTENED BY MORPHIA.

Dr. E. T. HUBBARD, of Madison, N. H., sends the case of a man with Bright's disease, who had suffered with renal colic for fifteen years. He was given half a grain of morphia in the course of an hour, fell into a comatose condition, and died in three days.—*Med. Record.*

HYGIENE OF ALBUMINURIA.

SENATOR (*Berlin. Klin. Woch.*) especially emphasizes the following features of the hygienic treatment of albuminuria: (1.) The question of the nourishment of patients with nephritis should include a consideration of the influence exercised upon the albuminuria both by the condition of the digestive process itself and by the character of the nourishment. (2.) The rule may be accepted in general that with albuminuria the wants of the system should be supplied rather by frequent small quantities of food than by larger amounts at longer intervals. (3.) Eggs should be forbidden; meat and cheese used sparingly; and of meats preferably veal or poultry; fish is to be recommended; fruit and vegetables are indicated, but the leguminous varieties less so; the use of fat is to be governed by the state of the digestion; spiced, smoked, and salted viands are unsuitable; red wine may be used moderately; beer, spirits, and the heavier wines are to be avoided; a milk diet is extremely useful, but, that it may be sufficiently prolonged, bread or some similar addition should be made. (4.) Saline or alkaline-saline waters, warm or cold, according to the case, are found practically to act favorably, and this probably by effect upon the digestion and composition of the blood, as theoretically they should be a renal irritant; saline baths are useful through their congestive and stimulating effect upon the skin. (5.) Muscular exertion should be very restricted. (6.) An even body-temperature should be sought by clothing, by climate, by retirement to bed if necessary. For clothing, flannel should be worn next the skin; for a climate, a warm and dry one should be selected, free from sudden changes, with a mean temperature from 60° F. to 70° F. (7.) Psychical influences are of great importance in this condition. (8.) With women during menstruation the amount of albumen excreted is always increased, and they should during that period be confined strictly to bed.—*Boston Med. and Surg. Jour.*

THE INCONTINENCE OF RETENTION.

The veteran Prof. Gross never used a happier phrase than this to designate a pathological state of frequent occurrence, and yet often wholly misunderstood. Some time since we saw a gentleman from a neighboring State who

had "incontinence of urine," and the urinary odor about him was both diagnostic and disgusting. For six years he had never gone to bed without a bowl between his thighs to catch the dribbling urine—this, too, in spite of the fact that he was compelled to rise a dozen times during the night to void his urine—and the numerous accidents that had occurred can be readily imagined. He had been under medical care during all this time, yet no one had ever tried the simple experiment of catheterization! After emptying his bladder of all he could pass (four ounces), the catheter drew off thirty-two ounces more! The diagnosis and the treatment were equally plain, and the result in every way gratifying.

But the consequences of such neglect may be far more serious than mere discomfort and disgust. The cause of the incontinence is, of course, an overfull bladder from atony of the bladder, or more frequently from some form of obstruction. This may be followed by all its usual consequences, such as vesicle hypertrophy, decomposition of the urine, cystitis, dilatation of the ureters, and renal disease. A very striking case of double hydro-nephrosis, due to an enlarged prostate and its resulting retention, has been lately published by Dr. D. W. Prentiss, of Washington. The catheter, had it been used both for diagnosis and treatment, as pointed out by Dr. Prentiss, would have prolonged his life in comparative comfort, but its neglect allowed great dilatation both of the bladder and ureters, with fatal mischief to the kidneys.

Indeed, it may be laid down as a rule that, in every case of incontinence, the prostate should be examined and the catheter should be used. Especially should this be done in old men, and in cases in which any supra-pubic dulness exists. The operation is so trivial as to pain and danger, that no excuse ought to be allowed. Of course, if prostatic enlargement or stricture exist, the catheterization may not be a trivial operation, but the diagnosis will be established, and a rational treatment will then be instituted.

The above will be to many of our readers trite and common-place. But it has seemed to us worth while to call attention anew to the subject in consequence of the frequency with which we have lately seen cases of retention, followed by urinary overflow, in which incorrect diagnoses were made, chiefly, from neglect to use the catheter.—*Med. News.*

PROGNOSIS IN DIABETES.

Dr. R. SCHMITZ, (*Wien. Med. Wochenschrift*): The question of prognosis is determined by (1) the earliness of the discovery and treatment of the complaint; (2) the strictness with which the anti-diabetic regimen is observed; (3) the etiological factors; (4) the age of the patient; (5) the degree of immunity the patient enjoys when he chances to use sugar-breeding food. In early cases the prognosis is favorable. Diabetes depending on central nervous lesions or on grave chronic affections is serious; depending on worry, pain and grief, or on over-use of sugary food, it is less so. Gouty diabetes has the best prognosis of all. After the age of thirty the prognosis grows steadily worse. It is bad if sugar persists on an exclusive diet of fish and flesh. It is decidedly favorable if eggs, salads and mild cheese can be taken without breeding sugar, which only appears when fruits, starchy roots, starch or cane sugar are taken.—*Clin. Brief and Sun. News.*

CAUSATION OF DIABETES.

M. CHARCOT, in a recent clinical lecture (*Journal de Med.*) says that too rich a diet, especially in starchy matter, may cause diabetes, which explains the frequency of this disease in Italy, where these substances play an important part in alimentation; also a great and sudden alteration in diet, glycosuria being common among the novices of La Trappe. Finally, the abuse of wine plays a part in this etiology; in Munich where beer is drunk chiefly, diabetes is rare, but in the Rhine countries, it is frequent. Alcohol is a doubtful cause. In a family of seven persons, the only one who was not a diabetic was an alcoholic.—*Medical Record.*

CHRONIC RENAL DISEASE.—CANNABIS INDICA.

Mr. H. CRIPPS LAWRENCE, L.R.C.P., says: In addition to the undoubted value which attaches to cannabis Indica in megrim, menorrhagia and dysmenorrhea, it exerts also a valuable influence as a safe sedative and hypnotic in a form of disease in which, if the ordinary narcotics be prescribed, lethal effects may be expected. In chronic renal disease, when vigil neuritis are prominent symptoms, the extract of cannabis Indica in one-grain doses, may be given to an adult every four or six hours. It does not augment the albuminuria, and the sedative action is at once safe and pronounced. The late Dr. Jeaffreson, of St. Bartholomew's Hospital, valued cannabis Indica highly, as a sedative which would manifestly control the exhausting jactitation which occurs in cases of severe chorea.—*British Med. Jour.*—*Louv. Med. News*, July 14.

MYOSURIC URINE.

Under the above title M. DENANCEY describes a kind of urine which must have attracted the attention of those of our readers accustomed to make urinary examinations.

The following are the physical characteristics of such urine: It has a strongly reddish-yellow color; has a specific gravity which oscillates between 1025 and 1029; does not contain any sugar; is but slightly acid; blackens silver vessels in which it is boiled, and is colored brownish by the cupropotassic test. He finds, further, that it has the property of decolorizing iodide of starch, which is due to the unoxidized sulphur in large quantity of extractive contained in it. M. Denancey thinks that this condition of the urine is a pathological state related to diabetes, and he therefore proposes to name it *myosuric diabetes*.—*Med. News*.

SIGNIFICANCE OF OXALATES IN THE URINE.

In a valuable article upon oxaluria, ESBAUGH in the *Bulletin Général de Thérapeutique*, considers the various causes giving rise to this appearance in the urine, and formulates some interesting conclusions.

"Oxaluria as a symptom of any disease whatever, oxidation, innervation, dyspepsia, hypochondria, etc., is merely an illusion. Those who had believed in it have not been careful to separate as causes of error more than one or two forms of ailment, whereas the subjects were free to swallow oxalic acid in a variety of other forms, of which several, such as tea, chocolate, coffee, are in almost daily use with some people and in some places."

If a case can be found which excretes oxalic acid without having first swallowed it, the author would like to see it. Thus far he has never succeeded in detecting oxalic acid in the urine during a milk diet, nor in one under an aliment free from oxalic acid.—*Med. and Surg. Rep.*, July 28.

TEST-PAPERS FOR URINE-ANALYSIS.

At the last meeting of the Clinical Society of London, Dr. GEORGE OLIVER, of Harrogate, gave a demonstration of the method he employs for the detection of sugar in the urine by means of test-papers. The test-papers were charged with the carmine of indigo and carbonate of soda. When one was dropped into an ordinary half-inch test-tube, and as much water poured in as just covered the upper end, and heat applied, a transparent and true blue solution, resembling Fehling's in appearance, was obtained. (A transparent solution could not, at the meeting, be produced from the London water. The characteristic reaction with grape-sugar was, however, unimpaired.) If with the paper one drop of diabetic urine had been added,

shortly after the first summer, a beautiful series of color-changes appeared: first violet, then purple, then red, and finally straw-color; while, on the other hand, one drop of non-diabetic urine induced no alteration of color. The colors returned in the inverse order on shaking the tube, which allowed the air to mingle with the liquid. Reheating restored the colors again. Confirmation of the presence of glucose was obtained by dropping in a mercuric chloride paper, while the solution was still quite hot, after the complete development of the indigo reaction. Then there was produced immediately a blackish-green precipitate. No such precipitation occurred when a drop of non-saccharine urine was under examination by the indigo test; then the blue solution was merely turned into a transparent-green one. This test, as Dr. Oliver pointed out, discovers (a) the normal sugar; (b) the varying proportions of sugar which fill in the gap between the normal amount and that which characterizes diabetes mellitus, as in liver-derangements and vaso-motor disturbances; (c) diabetic proportions. It possesses the following advantages over Fehling's test: 1. It will detect sugar in any proportion in the presence of albumen, peptone, blood, pus, or bile, and as readily as in ordinary diabetic urine. 2. It gives no play of colors with uric acid. 3. It possesses portability, cleanliness, and stability. Moore's, Trommer's, and Boettger's bismuth tests are all inferior in delicacy. As yet, Dr. Oliver had not discovered anything besides glucose which brought out the characteristic display of colors.—*British Med. Jour.*—*Med. Times*, July 14.

PICRIC ACID TEST FOR ALBUMEN.

Some physicians having failed to detect albumen with picric acid, when it was to be found with other tests, causes Dr. George Johnson to call attention to the erroneous manner in which they used it, and to enunciate the following caution in the *British Medical Journal*, May 5, 1883.

It should always be borne in mind that, in testing for albumen, the *picric acid must be in excess*. A few drops of a saturated solution of picric acid in a highly albuminous specimen will form a coagulum, which is quickly redissolved; and this explains the fact that one of my correspondents, who poured the picric acid solution on the surface of highly albuminous urine, got an indication of albumen, which soon disappeared. When urine contains much albumen, it should be mixed with its own volume of the picric acid solution; and in testing a fresh specimen, it is better to begin by adding an equal volume of the test liquid.—*Med. and Surg. Rep.*, June 16.

NITRITE OF AMYL AND NITRO-GLYCERIN IN URÆMIC ASTHMA.

Dr. SHKIN, of Cardiff, furnishes the *British Medical Journal* with brief notes illustrating the value of nitrite of amyl and nitro-glycerin in one of the sudden and distressing, though perhaps rare, phases of chronic Bright's disease—viz.: uræmic asthma. "Nitrite of amyl," he continues, "acting probably through the vaso-motor nerves, relaxes the arterioles, and thus reduces blood pressure. As it is very volatile, on the score of economy and convenience, I always carry some of Martindale's capsules in my bag, and these are very handy for immediate use. Nitro-glycerin is said to have much the same action as nitrite of amyl, and, according to Dr. Mahomed, its great superiority over amyl lies in its gradual and more lasting effect, and the more convenient manner of prescribing it, and it can be taken regularly two or three times a day, or oftener, one minim of a one-per-cent. alcoholic solution being the usual commencing dose. It is also made up in chocolate tablets, each containing one one-hundredth part of a minim; but its action, when given in this form, is not so rapid as that of the alcoholic solution."—*N. Y. Med. Jour.*

BENZOATES IN THE URIC ACID DIATHESIS.

In the course of the Lumleian lectures on uric acid, Dr. ALFRED BARING GARROD states (*Brit. Med. Jour.*), that the Benzoates possess the power of causing the disappearance of uric acid from the urine. He frequently uses benzoate of sodium, and if at the same time he desires to increase the quantity of the urinary secretion, he gives the benzoate of potassium or lithium. He is directing his researches toward the formulating of some food sufficiently rich in hippuric acid as to keep in check the tendency to form and deposit uric acid.—*Med. and Surg. Rep.*, June 2.

BALANO-POSTHITIS OF DIABETICS.

For this trouble Prof. SIMON specially recommends cleanliness, and after each micturition, lotions feebly charged with phenol, and after drying the part, powdering it with the following:

R. Oxide of zinc, 25 parts; starch, 25 parts; salicylic acid, 1 part. M.—*Med. and Surg. Rep.*, June 2.

ALBUMEN AND COPAIBIC ACID.

Urine passed during the use of balsam of copaiba furnishes a deposit with nitric acid, which consists of copaibic acid, and may easily be confounded with albumen.—*Lewin's Accidental Effects of Drugs.*—*St. Louis Cour. Med.* June.

FREQUENT MICTURITION.—GALVANISM.

Frequent micturition, where no special cause appears, is best treated by passing a weak galvanic current from the lumbar region to the region of the bladder.—*British Med. Journal.*—*Med. and Surg. Rep.*

DROPSY.—ALKALINE TANNATES.

The alkaline tannates, *e. g.*, the tannate of sodium, is said by Prof. PRIBRAM to be a very efficient diuretic, and useful in dropsies from nephritis.—*Med. and Surg. Rep.*

AN IMPROVEMENT IN LITMUS PAPER.

Dr. SQUIBB has substituted for the ordinary blue and red litmus paper a single color, viz., purple. This purple litmus paper turns red with acids, blue with alkalies. It is claimed to be much more delicate and convenient.—*Can. Pract.*, July.

SUGAR OF MILK A LAXATIVE.

Sugar of milk, two or three drachms dissolved in a half tumbler of warm milk, and taken before breakfast, is said to be a mild and efficient laxative.—*Medical Age.*

SURGERY.

OPERATIONS, APPLIANCES, DRESSINGS, ETC.

WOUNDS AND ALCOHOLISM.

That a man does not become intoxicated, does not certainly show that he is not drinking too much, *Chambers' Journal* says, *apropos* of this, that "men employed in the great breweries in London, especially the draymen, consume an enormous quantity of beer. The daily allowance which their employers give them is a very large one, but they rarely confine themselves to that; and the draymen, in addition, get much gratuitously from the customers to whom they are always delivering the casks, so that 10 or 14 quarts is no exceptional consumption for one man; yet they are not drunkards, in the ordinary sense of the term. The very nature of their work necessitates the employment of none but steady men, strength being also a *sine qua non*. But if one of these men should break a limb, or get confined to bed from any other accident, he is almost sure to get delirium tremens, and a scalp wound frequently kills him. Brewers' men are notorious in hospitals as being the worst cases for operation, being prone to exhibit all the most dangerous complications which fetter the success of surgical treatment."—*Gaillard's Med. Jour.*

ANÆSTHETIC MIXTURES FOR SMALL OPERATIONS.

It is often desirable to apply locally some anæsthetic material to deaden the sensibility sufficiently for small operations. There are various expedients proposed for this purpose. We do not now refer to the use of ether spray, but to various liquids which may be applied directly, and the sense of pain so far obtunded as to permit incisions without experiencing any other sensation than the mere touch. The mixture of chloral and camphor is often useful. When equal parts of chloral and camphor are triturated together, a clear, somewhat viscid, transparent solution results. This solution has considerable solvent power, and will take up a comparatively large proportion of morphia. Chloroform may also be added to it without precipitation of any portion of the dissolved constituents. Thus: \mathcal{R} . Chloral, camphor, \mathfrak{ss} 3ij; morphiæ sulph., 3ss; chloroformi, 3j. \mathcal{M} . This may be applied with a camel's-hair brush over the area to be incised, allowed to dry, and re-applied as freely as may be necessary to render the part insensible to pain. : ;

Amongst the anæsthetic mixtures for surgical purposes proposed by Prof. Redier, are solutions of camphor in ether and in chloroform. According to Redier, one drachm of camphor may be dissolved in two drachms of ether, or the same quantity of camphor in two drachms of chloroform. A useful anæsthetic mixture is prepared by the addition of crystallized acetic acid to chloroform, in the proportion of one part of the acid to twenty parts of chloroform. These anæsthetic solutions are applied by the brush freely over the part the seat of pain, or to be incised. In some instances it may be better to moisten a cloth or some cotton and allow it to remain for some time in contact with the part.

Pure carbolic acid has an anæsthetic effect when applied to the skin. This fact, originally stated by Dr. Bill, of the army, in a paper which appeared in the *American Journal of the Medical Sciences* some years ago, has been utilized to some extent since, to lessen the pain of incisions in the skin in small operative procedures.—*Medical News*.

CHLOROFORMIZATION.—PROF. CHISHOLM'S RULES.

1. I always, without a single exception, give a strong drink of whiskey, from one to two ounces, to every adult to whom I intend to administer chloroform. This is done a few minutes before they get on the operating table. Because I never omit this fundamental law, and in advance sustain the heart against the depressing effect of the anæsthetic, in not one of my 12,000 cases have I had to use, in a single instance, a hypodermic of whiskey. It is already in the stomach, should it be needed, and can do no harm if not required.

2. Always loose the neck and chest clothing so as to have no impediment to respiration.

3. Only administer chloroform in the recumbent posture with body perfectly horizontal and head on a low pillow, this pillow to be removed as the anæsthesia progresses.

4. Give chloroform on a thin towel folded in conical form with open apex so that the vapor, before inhalation, will be freely diluted with atmospheric air. In holding this cone over the face of the patient at some little distance from the nose, place the fingers under the borders of the cone for the double purpose of allowing air to enter freely, and also to prevent the chloroform liquid on the towel from coming in contact with the skin of the patient's face, and thereby avoid its blistering effects.

5. Should loud snoring occur, force up the chin. This manipulation, by straightening the air passages from the nose to the larynx, makes easy breathing. The forcible elevation of the chin is far better in every respect than pulling out the tongue. It is easier of application, more quickly done, requires no instruments, and is much more efficient in removing the impediment to respiration.

By always following these five simple rules I have had, so far, both safety and comfort in the administration of chloroform.—*Amer. Jour. Dental Science*.

LOCAL ANÆSTHESIA.—READY METHOD OF OBTAINING.

In an article by Dr. CHEIZE, in the *Jour. de Med. et de Chir. Pratique*, (*St. Louis Medical and Surgical Journal*) the author says: Among the difficulties which surgeons in this country frequently encounter, and must promptly overcome, is the paucity of surgical instruments and appliances. The want of a Richardson atomizer I had recently to supply in the following manner.

A young girl presented herself with inverted toe nail and solicited an immediate operation *i. e.* extirpation. I imbibed with ether a piece of cotton wadding of the size of five francs, and placed it upon the big toe, and with a common hand bellows, I blowed on it for a few minutes, until complete evaporation had taken place. I saturated the cotton wadding a second time, and again manipulated the bellows. In less than five minutes, anæsthesia was complete. I extirpated the ingrown nail, and applied to the matrix the actual cautery without the patient experiencing the least pain. I had to exhibit the extirpated nail in order to prove to her that the operation was performed. This is an anæsthetizing apparatus of the greatest simplicity, and within reach of anyone.—*Medical Age*.

TREATMENT OF WOUNDS BY SPRAY.

The use of iodoform as applied to wounds as a dressing, by means of the alcohol or ether spray, has been closely investigated by P. G. Unna, of Hamburg. The author's results were so satisfactory with this method of applying drugs, that he used quite a number of remedies in different diseases in the same manner.

The objection to the use of iodoform as a powder, is mainly due to the unavoidable toxic symptoms that arise in nearly all cases where an extensive surface is dusted over. Nor can its action be limited when untoward symptoms have set in, especially if the powder has been thrown into a cavity.

The advantages claimed for the method of dissolving a drug in ether or alcohol, and then applying it by means of a spray, are many and important: 1. The spray has a tendency to relieve pain. 2. The surgeon can reach parts that are inaccessible when a liquid or powder is used. 3. The medicament is not wasted as by the other plans of treatment.

In the following pathological conditions the spray is especially indicated. Inflammation of mucous surfaces (post nares), pharynx, urethra, rectum and vagina, especially in mucous surfaces where the excretions have a tendency to wash the medicament away. Chrysophanic ether spray may be employed in herpes tonsurans, favus, sycosis parasitica and psoriasis capitis. Hydrate of chloral, in spray form, acts very kindly as a local anæsthetic, where minor operations are to be performed. The collodion is applicable in cases where the drug will not adhere to the surface that must be treated; the remedy is applied first, then coated with the collodion spray, which, by evaporating, forms a covering. The following remedies are soluble in ether or alcohol: Salicylic acid, benzoic acid, acetic acid, chrysophanic acid, pyrogallic acid, citric acid, carbolic acid, atropia, codein, digitalin, santonin and all the alkaloid of cinchona, etc. Boracic acid, gallic acid, arsenic acid, oxalic acid, tannic acid, nitrate of silver, acetate of lead, chloride of zinc, caustic, potash and a few others are soluble in alcohol only. This table is given by the author as a guide, since he thinks the treatment of wounds by the spray has a brilliant future.—*Deutsch Med. Zeit.*—*Therap. Gaz.*, July 16.

WOOD-WOOL.—A NEW SURGICAL DRESSING.

The *Med. Times and Gaz.* says: From Prof. BRUNS, of Tübingen, we receive a fresh addition to our means for carrying out the after-treatment of wounds, in the form of a preparation which he calls "wood-wool," and which he recommends to surgeons (*Berl. Klin. Woch.*, No. 20). Fine-grained wood in the form of splinters and shavings such as are largely employed in paper factories, according to Bruns, is the kind of material to be used in preparing the dressing which is called wood-wool. Pine wood is preferred, and especially the *Pinus picea*, which is poorer in resin and of coarser grain as compared with the wood of other pines and firs. The further preparation of the wood shavings and splinters consists in their reduction to a state of finer division by being rubbed through a wire sieve, then dried, and finally impregnated with various antiseptic substances. That considered best is a half per cent. of corrosive sublimate and 10 per cent. of glycerine (the percentage apparently referring to the ratio between these substances and the wood-wool). The advantages of such a dressing are believed to be manifold. Compared with ashes and turf it is absolutely clean, fresh, and of white color, and is soft and pliable like ordinary wool, and withal of extraordinary cheapness. It possesses, in virtue of its contained resin and ethereal oils, certain antiseptic properties, and is so easily adapted to the wounded parts, and of such elasticity that a uniform and equable pressure is easily obtained. Its principal property, however, is its extraordinary power of taking up fluids; in this it excels all other forms of dressings; it absorbs twelve times its own weight of fluid, so that ten grammes of dried "wood-wool," after complete saturation, weigh 130 grammes. Simple sawdust absorbs only

three to four times and a half its weight of water, ashes only nine-tenths, and sand only four-tenths. This dressing had been in use by Bruns for half a year, and he has every reason to be greatly satisfied therewith. With the exception of one case of erysipelas, no secondary accidental wound-diseases were met with.—*Med. and Surg. Rep.*, July 7.

LISTER AND THE SPRAY.

Dr. HENRY GRAY CROLY publishes the following letter from Mr. LISTER on this subject in the *Medical Press*:

"I have not given up the use of the spray, although I certainly regard it as the least important part of our antiseptic arrangements. Whatever other good it may do, it is a very mild form of antiseptic irrigation, and tends to keep the *entourage* of the wound, including the surgeon's hands and instruments, pure. But if I had not a spray-producer at hand, I should not on that account omit other elements of antiseptic treatment, I still use the spray in changing dressings, so long as the wound is not merely superficial. But far more important than using the spray is it to make a point of covering the wound with some pure aseptic material before beginning to wash the parts which were covered with the edge of the dressing only, and were, therefore, impure. In other words, I believe one of the commonest causes of failure is dabbing alternately the impure surrounding parts and the pure wound with the same piece of rag, which, though moistened with carbolic lotion, cannot work miracles."—*Med. and Surg. Rep.*, June 2.

PROLONGED ANTISEPTIC BATHS.

From the *Med. Times and Gaz.*, we learn that in a recent *thèse* by Dr. Jannin he gives an account of the antiseptic baths first introduced for the treatment of surgical affections by Prof. Verneuil in 1870. Their application would be difficult for the lower extremities, but they are easily employed for any wound of the hand, arm, or elbow. The antiseptic solution, consisting of from 1 to 2 per cent. of carbolic acid, is employed tepid for about two hours at a time, and repeated two or three times a day—the parts being covered in the intervals with compresses wetted with the water of the bath. The writer concludes from his cases that the bath often renders immense service, and that in circumstances under which unfavorable prognosis has usually been drawn. That its employment in most cases suffices to prevent traumatic fever, and to cause the disappearance of painful symptoms. That when symptoms of septicæmia are present, we can often arrest them, and cure the patient, and preserve the functions of the limb. In cases of bites from horses, and in contused wounds accompanied by much detachment and crushing, if the parts can be easily submerged, the prognosis, which is generally so bad, will be greatly improved, the patient in a few days becoming sheltered from accidents which so often prove fatal. In gunshot wounds, also, Prof. Verneuil has obtained several proofs of the great utility of the baths.—*Med. and Surg. Reporter*.

COTTON-WOOL DRESSINGS.

The London *Chemist and Druggist* translates the following from the Bohemian *Rundschau für Pharmacie*:—

Purified Cotton-Wool (freed from grease).—Macerate ordinary cotton-wool in benzine for ten minutes, press, and dry in the air. Use this in the recipes which follow.

Carbolized Cotton-Wool.—Take about one kilogram of purified cotton-wool and well soak it in 2 l-2 liters of the following solution:—Carbolic acid, 100,

colophony, 400, castor oil, 400, alcohol, 2000 parts. Spread it out for a quarter of an hour to dry.

Antiseptic and Styptic Cotton-Wool.—Prepared as before, with a solution of tannin 5, carbolic acid 4, alcohol 50, and castor oil 8 parts.

Styptic Cotton-Wool.—Prepared as before, with a solution of alum 2, water 12, and chloride of iron solution 2 parts. To be dried at 60° C.

Benzoated Cotton-Wool.—Prepared as before, with a solution of benzoic acid 5, castor oil 2, alcohol 250 parts.

Salicylated Cotton-Wool.—Prepared as before, with a solution of salicylic acid 5, castor oil 1, colophony 1, alcohol 250 parts.

Boric Acid Cotton-Wool.—Boric acid 10, water 80, glycerine 10 parts, to make the solution, which use warm, and dry at 60° C.

Borocarbolated Cotton-Wool.—For the solution use boric acid 5, carbolic acid 2, alcohol 5, water 80, glycerine 10 parts.

Iodoform Cotton-Wool.—For the solution, iodoform 1, ether 20, glycerine 10 parts.

The proportion of the active ingredients in the above preparations can be increased if required. The products are soft and supple, and the use of the glycerine or castor oil prevents the deposition of fluff. Where it can be used castor oil is preferable to glycerine, and the colophony is better than paraffin, which is sometimes ordered instead, as the latter is likely to irritate the skin. Old antiseptic cotton-wool can be boiled in a solution of caustic soda and used for veterinary purposes.

Antiseptic Dressings are prepared by dipping and squeezing pieces of tarlatan 5 feet long and 4 inches broad in the following solution:—Boiled linseed oil 10, yellow wax 5, colophony 10 parts, melted together and mixed with turpentine 20, and carbolic acid 2 1-2 parts. This dressing is pliant and easily attached. It should be kept in oiled silk or carbolized paper.—*Popular Science News, June.*

NAPHTHALIN AS A WOUND-DRESSING.

A recent and promising addition to our means of combating sepsis in all its varied forms in the treatment of wounds is naphthalin, a product of the distillation of coal-tar, suggested for this purpose by Lücke. This product passes over in the distillation after the coal-oils have passed, and is produced by passing the vapor of coal-tar through red-hot tubes. It is a residue of gas manufactories. Crude, it is a brownish-yellow, sand-like substance, containing an indefinite quantity of the phenols. It is purified by subliming with charcoal, and then it occurs as a white crystalline body. It smells like coal-tar, and has a slightly aromatic taste. On man and the higher animals it produces no poisonous effect; but it is destructive to the low forms of vegetation and animal life, such as fungi, spores, small insects, etc.

Dr. G. R. Fowler recently read a report on the use of this agent before the King's County Medical Society, in which he says: "In my own experience with naphthalin I have noticed that when it is used in an aseptic manner, that is to say, when it is brought into contact with fresh wounds that have never been in a septic condition, they continue in an aseptic state; and that septic and unhealthy wounds, indolent ulcers, ulcerating cancerous growths, phagedenic chancres, etc., rapidly assume a healthy appearance when its antiseptic action is brought to bear upon them."

It is applied to wounds in a powdered state, and the discharges will percolate freely through it as they would through sand; and it does not unite with the secretions to form scabs or crusts.—*Med. Bulletin.*

CORROSIVE SUBLIMATE AS AN ANTISEPTIC.

In the number of the *Medical News* for May 5th, is an article by Dr. R. F. Weir, of New York, on the use of corrosive sublimate as an antiseptic. His attention was first drawn to it by a statement by Delacroix, that it was an

effective germicide in the strength of one part to 2,500 parts of water, being 250 times more powerful than carbolic acid. He used it in one part to 2,000 of water and in some cases even stronger, with very satisfactory results.—*Can. Lancet, June.*

DISINFECTANTS.

Dr. W. E. BUCK writes to the *British Medical Journal*: "Most practitioners must have often realized the inefficiency of disinfectants in allaying the fetor of cancerous ulcers, an annoyance which sometimes troubles patients even more than the pain, or the thought of death. I have used the whole round of disinfectants for cancerous ulcers, but all have failed in allaying the fetor, and keeping the ulcer clean. The disinfectants tried were carbolic acid, sanitas, terebene, resorcin, creasote, boroglyceride, chloride of zinc, charcoal, etc. After failure with these, I tried a saturated solution of hyposulphite of soda, added to an equal quantity of water, and found it exceedingly efficacious. The ulcerating surface was well syringed and washed with the solution, and then covered with rags steeped in the solution. The granulations were kept clean, and the fetor was well kept under. Most disinfectants seem to lose their virtue after few days' application, but I have used this one for months in the same patient with continuous good effects. It is cleanly, has no smell, does not stain, and is very cheap. I venture to recommend it to the favorable consideration of your readers, feeling sure that they will not be disappointed if they try it, and I should be glad to hear the results of their experience.—*Louv. Med. News, July 13.*

MALIGNANT PUSTULE.—SUBCUTANEOUS INJECTIONS OF IODINE.

At a recent séance of the Académie des Sciences, M. RICHET read an interesting communication on this subject.

In 1880 two cases were observed in his service at the Hotel Dieu; the first was a butcher, who presented a sore on the right cheek, accompanied by considerable induration of that side of the face and neck; the general symptoms were of a very grave character.

Serum taken from the sore itself, and some blood obtained from the index finger, were introduced under the dermis of several animals, and all thus treated perished, presenting all the symptoms of malignant charbon. The patient was energetically treated, subcutaneous injections of iodine solutions were made all about the sore, and the actual cautery applied.

The local troubles were somewhat ameliorated, but the general condition became graver, and the patient succumbed in 48 hours.

In the second case also the general symptoms were of great gravity, the temperature very near 104°, pulse 108, great thirst, with extreme prostration. All about the sore, down to the neck, there was a hard, oedematous swelling; the lymphatic glands under the lower jaw were swollen and painful. Neither the blood taken from the finger nor the serum of the pustule contained germs or charbon bacteria, as in the first case. Nevertheless, the liquids about the sore communicated the charbon infection to animals inoculated with it.

The treatment in this was similar to that practiced in the other—injections in seven or eight points in a circle about the sore of from four to eight grams of tincture of iodine, diluted with twice the quantity of water. The patient recovered, showing that if the case be energetically treated before the infection becomes generalized, a complete and rapid cure is possible.—*Med. and Surg. Rep., June 23.*

VALUE OF EARLY OPERATIONS IN MORBID GROWTHS.

In *Vol. XLVI.*, March 4, 1882, p. 248, we called attention to what Mr. Jonathan Hutchinson so aptly calls the "Pre-cancerous Stage of Cancer,"

and noted that he strongly advises early operation in all cases of suspicious tumors. Now our distinguished Prof. S. D. Gross, in a paper read before the American Surgical Association, practically recommends the same thing. He seems to recognise a stage of malignant neoplasms in which there is, so to speak, an absence of malignity; and if we seize this early period to operate, we can do so with good hopes for non-recurrence.

Again, even though the morbid growth may be benign, yet at some future time its removal will be indicated when its growth has made its retention inconvenient.

It would seem, then, to be in accord with the teachings of good surgery, to perform *early* operations for the removal of all morbid growths, whether malignant or benign, unless some positive contra-indications exist.—*Med. and Surg. Rep.*, June 30.

CHLOROMA.

The *Lancet*, April 21, 1883, says: Nearly fifty years ago Billroth is said to have described a form of malignant growth distinguished by a green discoloration, whence we derive the name of chloroma, or "green cancer" (Billroth). There can be no question that the disease is of rare occurrence. In 1878. Huber (*Archiv. der Heilkunde*, xix.) was able to collect only seven examples. The tumors are not cancerous in the modern sense of the term, and so may best be described as chloro-sarcomata, or more simply, chloromata. Such tumors have been met with in connection with bones (e. g., the skull), but, perhaps, the chief centres of the lymphoid tissue of the body are the seats *par excellence* of tumors of a green color, this anatomical system having become involved in a secondary manner, or even having been the primary seat of disease. As an apparent example of this, we shall describe the main features of an interesting case recorded in *Virchow's Archiv.* for January, by Louis Waldstein. A man, aged forty-four years, by occupation a laborer, suffered from a short attack of "ague" many years before the commencement of his present illness. Without any assignable cause the symptoms of marked progressive anæmia set in rather suddenly. Satisfactory collateral evidence of the nature of the disease was not forthcoming; the urine, however, was noted to be of a green color, and there was rather high persistent fever. On the twenty-fifth day of the illness, the patient complained of pain on percussion of the sternum, and later also of some of the ribs. Gradual enlargement of the spleen and liver was detected by the ordinary methods. A great increase in the number of white cells of the blood was first observed on the forty-first day of the illness; repeated observations negatived the existence of leucocythæmia before that date. Death followed in three days, on the forty-fourth day of the malady. At the post-mortem examination the mediastinal glands were found to be much enlarged, and colored green; the retro-peritoneal glands, and those of the portal fissure were also stained green. Although there were plugs of leucocytes in the hepatic capillaries, distinct areas of hyperplasia of the lymphatic tissues of the liver were not observed. It will be remembered that some investigators regard the white areas in the kidneys and liver of cases of leucocythæmia as extravasations from the blood-vessels. The spleen was enlarged, the Malpighian corpuscles being much overgrown. The medulla of the bones was red, and in many places of a greenish hue. Wherever the chlorotic tint was seen, the microscope revealed either a diffuse "coloration," or the pigment existed in granules in the protoplasm of the cellular elements. The green tint has been severally described as apple-green, gray-green, grass-green. The results of chemical analysis have been by no means satisfactory. Huber thought the pigment was that of a fatty body, Balfour regarded it as biliverdin, Dressler suggested its identity with the coloring matter of greenish pus, whilst Dittich has advanced the notion of its dependence on putrefaction. Waldstein is inclined to believe the colored pigment was derived from the coloring matter of the blood, and he points to its general presence in the morbid tissues,

and to its passage with the urine as favoring his view. It is not at all improbable that every form of pigment occurring in the human body may ultimately be traced to one original source.—viz., hæmoglobin.—*Med. and Surg. Rep.*, June 30.

HYPOPHOSPHITES IN CANCER.

J. B. JOHNSON, M.D., Washington City, D. C., writes:—Some time ago I received a copy of a lecture by Dr. Hunter McGuire, of Richmond, Va., on the subject of "Cancer of the Breast" in which he recommended the use of hypophosphites of lime and soda. The formula is:

R. Hypophosphite of lime and soda, $\frac{3}{4}$ ss.; diluted phosphoric acid, 3 ss.; distilled water, $\frac{3}{4}$ viij. M. S. Teaspoonful in water three times a day, and when indicated, he sometimes uses in addition arsenic and iron in the forms of chlorides of arsenic and iron.

At the time of reading the lecture I had under my care two cases of cancer, one of the breast and one of the ear, at the angle of the left jaw. About a year before I was consulted in the case of a cancer of the breast; the breast had been entirely excised; but the wound made no effort to heal, and grew to be an ulcer two inches wide by two inches long. The cancer of the ear also presented an ulcer irregular in shape, covering the space of an inch or more in extent. I gave at once internally:

R. Hypophosphite of lime, 3 iss; bromide of potassium, 3 ij; Fowler's solution, 3 iss; aqua destil., $\frac{3}{4}$ viij. M. S. Dose.—A tablespoonful every three hours. And as an external application the following:

R. Tar, alcohol, aa $\frac{3}{4}$ j. M. S. Apply freely to the ulcers three times a day.

Both patients have been using the above prescriptions for six months, and the progress of the cancers is not only arrested, but the ulcers almost healed. There is no doubt that the progress of cancer can be delayed by the use of the hypophosphites in combination with arsenic.—*Med. and Surg. Rep.* July 14.

LIPOMA OF TRAUMATIC ORIGIN.

The following case is related by Dr. KÖLLIKER in the *Centralblatt für Chirurgie* of March 17, 1883: A man was struck upon the left shoulder by a brick falling from a considerable height. When seen a few hours later, there was a tumor of about the size of a fist, formed of extravasated blood, over the outer third of the clavicle. This was reabsorbed in about six weeks. Three weeks later the patient presented himself again on account of a lipoma, which was growing rapidly, in the exact location of the previous ecchymosis. The tumor was removed shortly afterward and measured one inch in height by two and one-half inches in width. Kölliker thinks that possibly there may have been a small lipoma in this situation previous to the injury, though the patient denied positively ever having himself noticed a tumor there.—*Med. Record.*

MELANOTIC SARCOMA.

Dr. A. G. GERSTER, *N. Y. Surg. Society*, reported:—The patient, a man, about three months ago got heated from running about, and sat down in front of an open window and was chilled, immediately after which he noticed a slight swelling at the angle of the jaw. The tumor continued to grow, and a physician proposed to inject iodine into it. At the time of the injection the tumor was about the size of an Italian chestnut, but after the lapse of three months it had attained the size of a small orange. It was situated in the upper cervical triangle below the angle of the jaw; it was movable laterally but not vertically, and had cutaneous attachments. Lympho-sarcoma was diagnosed and a grave prognosis given. After the primary incision the melanotic character of the growth became apparent. As a black material

exuded from the capsule, at the point of puncture by a hook, the capsule and all were removed. Where the tumor approached the superior thyroid artery there was a dense mass of connective tissue, of recent inflammatory origin, which had attached the capsule to the blood vessel, and had also enclosed a small bundle of lymphatic vessels. Immediately upon the oozing of the black material the point of puncture through which it escaped was ligated, and the growth and parts thoroughly cleansed. At the upper and outer angle of the jaw a number of lymphatic glands, enlarged and melanotic were found and dissected away. The tumor was found to have a cavity in which a black body moved freely in the fluid already described. The growth consisted of round cells, pigmented with sparse stroma. The wound was closed by silver wire and healed by first intention. Early recurrence is to be expected.—*Clin. Brief and Sanitary News.*

ENCHONDROMA OF THE PAROTID.

NUSBAUM calls attention to the following points: After extirpation of a sarcomatous testicle the parotid is mostly suddenly attacked, and, *vice versa*, after expiration of the parotid, sarcoma of the testicle will appear. In operating on the parotid the pes anserinus ought not to be touched. It is rather advisable to leave a small part of the enchondroma in the tissue, and to operate rather with the fingers than with scissors. The lesion of the facialis is a deleterious accident, resulting in incurable paralysis, with the mouth and the eye of the same side half opened and saliva flowing continuously from the mouth. His Royal Highness Duke of Bavaria, Dr. Carl Theodor, is a very able operator in extirpation of tumors of the parotid.—*Aerztl. Intelligenzbl.*—*Chicago Med. Jour. and Exam.*, June.

INJECTIONS OF ARSENIC IN GENERAL SARCOMATOSIS.

Prof. KÖBNER reports a case which still further confirms the value of Fowler's solution of arsenic in cutaneous diseases. Two years ago, the patient, who was eight and a half years old, and has always been delicate, developed sarcomatosis of the skin, which gradually spread, until almost the whole cutaneous surface was affected. Köbner commenced injecting Fowler's solution in distilled water, in proportions of one to two; from two and a half to four drops of the arsenical solution being used at each injection, thrown under the skin or into the muscular tissue of the gluteal region, and into the stroma of some of the larger tumors. In three months five injections were made, 3 ij of Fowler's solution being used. At the end of three months the tumors were considerably diminished, having disappeared in some places, leaving a brownish cicatrix. Equal parts of the arsenic solution and distilled water were then used, six to nine drops being injected; in about forty days 3 iv of Fowler's solution being used, with progressive amelioration of the symptoms, the lymphatic glands being greatly reduced in size, and the liver and spleen reduced to the normal diameter. The quantity injected was then gradually reduced, and in one year from the commencement of treatment, nothing was left of the disease except a few cicatrices showing the former position of some of the larger tumors.—*Gaz. degli Ospitali.*—*Med. News*, June 16.

KELOID.

A case of keloid after scraping for lupus was presented at a meeting of the Pathological Society (*British Medical Journal*). The lupus, which had occurred in front of the ear, was scraped, and in three months was entirely healed. An abscess behind the shoulder was subsequently opened, and the incision healed by first intention. The scar from this incision and the cicatrix

on the face in a short time became keloid. An incision over the head of the tibia had not undergone keloid change, while a scar from the amputation of a phalaux was about to become keloid.—*Medical Review*.

HYPEROSMIC ACID IN SARCOMATA.

Dr. WINIWARTER (*Central Blatt. für Chirurgia*, No. 48, 1882,) has reported a case in which he used hyperosmic acid parenchymatous injections with marked success in the case of a man who had a sarcoma, the size of a child's head on the right side of the neck, which had such intimate connection with the great vessels and nerves of the neck that extirpation was out of the question. Hyperosmic acid in a one per cent. aqueous solution was injected in three drop doses by means of a Praraz syringe daily for fourteen days. At the end of this period the tumor had markedly softened; the sloughing part emptied itself through the syringe wounds. These cicatrized well, and at the end of a month no trace of the tumor was left. Similar results were obtained in a case of sarcoma of the shoulder secondary to a humeral excision, and in which an operation was useless. In scrofulous adenitis a similar injection has been of value.—*Gaillard's Med. Jour*.

FORMULÆ FOR CANCER.

The *Medical Gazette* gives the two following prescriptions as useful in the treatment of cancer:

℞. Sanguinarie canadensis, 12 grs; arsenici iodidi, 2 grs; ext. conii, 40 grs. Mix. Divide into 24 pills, 1 to be taken three times a day.

℞. Bromidi chloridi, 8℥; pulv. glycyrrhizæ, 60 grs. Mix. Divide into 20 pills, of which 1 is to be taken two or three times daily.—*Druggists' Cir*.

TELANGIECTATIC TUMORS.—COR. SUBLM. COLLODION.

Several cases of telangiectatic tumors have been successfully treated by Dr. Fiorgani (*Allg. Med. Cent. Zeit.*) by external application of corrosive sublimate in collodion, three parts to twenty. He applies four layers, going a little beyond the borders of the tumor. On the fourth day the edges are a little raised and the application is repeated, and again every four days until the swollen edges have become depressed. After the crust falls off the surface is seen to be somewhat sunken and of a pinkish color, which gradually changes to a normal hue. The method is painless, and can be employed where the angioma is raised but a line or two above the surface.—*Medical Review*.

CURE OF HYDATID CYSTS BY CAPILLARY PUNCTURE.

Dr. ALESSANDRO BORGHERINI reports *in extenso* the histories of four cases of echinococcus cysts treated by capillary puncture and withdrawal of a small quantity of fluid. Of the four cases three were cured, but in the other a second puncture with complete evacuation of the cyst was necessary. The punctures were made with the needle of a hypodermic syringe, and the amount of fluid withdrawn was from one-half to two drachms. A slight elevation of temperature followed the operation in every instance, but in one case only did the fever continue for any length of time or rise to any considerable height. Improvement did not follow until from eight to fifteen days after the punctures were made. The author thinks that possibly the cure is brought about by the altered tension caused by the abstraction of a small amount of fluid and the consequent disturbance of osmosis, a process by which the parasite obtains nourishment. Or possibly the slight puncture acts as a traumatic injury impairing the vitality of the parasite.—*Gazzetta Medica Italiana*.—*Med. Times*. July 28.

HYDATID CYST OF THE BICEPS.

Hydatid cysts of the biceps are very rare, three cases having been reported by Blandin, Saele, and Dupuytren. Mr. Picqué now publishes a fourth. In September, 1882, a woman came under the care of M. Gosselin, with a large tumor situated on the anterior part of the left arm. The tumor first appeared two years ago, was for a long time very small, and gave rise to no pain. In July, 1882, it very suddenly became much larger, and soon attained the size of a child's head. It was elastic, fluctuating, movable over the deeper structures, was very regular, and occasioned no alteration of the skin; the humerus was sound, the beats of the radial artery were normal, and sensibility was only slightly influenced. There was nothing about the tumor indicative of aneurism. The axillary glands were not at all enlarged, and a malignant growth was thrown out of the diagnosis. The cyst was punctured and found to be a suppurating hydatid cyst; it was opened, the contents turned out, and the wound dressed. Recovery took place without accident, and without impairment of the functions of the arm.—*Gas. Méd. de Paris*.—*Med. News*, June 28.

RARE DISLOCATIONS OF THE ARM.

The *Med. Record*, March 10, 1883, tells us that Dr. LEOPOLD MEYER, of Copenhagen, reports three unusual cases of dislocation of the arm, in the *Nordiskt Med. Arkiv*, vol. xiv, No. 23, 1882. The first two were cases of *luxatio humeri erecta*, so termed by Middeldorpf in 1859. The patients presented all the characteristic signs of subglenoidal dislocation, but with exaggerated abduction, the arm being elevated nearly to a vertical position, and the hand resting on the head. The third case was that of a woman who had fallen backward while carrying a pail of water in each hand. She had a subcoracoid dislocation on both sides. In all these cases reduction was easily effected.—*Med. and Surg. Rep.*, July 21.

DISLOCATION DURING ACUTE RHEUMATISM.

At a recent meeting of the New York Surgical Society a case of dislocation of the femur during acute rheumatism was related by Dr. C. T. Poore as follows: On Tuesday last he was called to see a boy, seven years of age, who had had inflammatory rheumatism for four months. As a result, there was contraction of both knees, and the left thigh was flexed and abducted considerably. On examining the limb very carefully, he found that the head of the femur was dislocated upon the dorsum of the ilium; he thought that it was a case of acute rheumatism, and that the hip had been out for at least six weeks. The dislocation was reduced, but it recurred. He proposed to divide the tendons and place the patient in a fixed apparatus. The acute attack of rheumatism involved both knees and the left hip—which was the one that was dislocated—and also the elbows.—*Med. Review*, July 14.

DIAGNOSIS OF FEMORAL LUXATIONS.

Dr. TREUB, in reporting a case of obturator dislocation of the femur (*Centrallblatt für Chirurgie*, No. 45), calls attention to the value of rectal exploration in order to ascertain the position taken by the head of the bone. In children the foramen ovale as well as the sciatic foramen is very easily examined by the forefinger when inserted into the rectum, and if the head of the femur is in either situation it may be easily felt. In adults it is available especially for the foramen ovale, by the aid of an anæsthetic and with the hand in the bowl the sciatic foramen may also be explored. The author therefore recommends either for a diagnostic or merely for a demonstrative purpose, in more or less obscure cases of obturator or sciatic luxation, that the rectal method of examination be tried.—*Medical Times*.

BACKWARD LUXATION OF THE THUMB.—USE OF TENACULA.

J. F. HEEBNER, M. D., Scranton, writes:—In many cases the ordinary method of extension, and the manipulation of Prof. Crosby, of New Haven, fail to correct the deformity, and usually tenotomy is resorted to for the purpose of dividing the two heads of the flexor brevis muscle which clasp the head of the metacarpal bone. The idea occurred to me that these heads of the muscle could be separated, and the head of the bone liberated, without the operation of subcutaneous division, and by a means which would be less apt to be followed by subsequent impaired motion, and shorten the time of convalescence.

I use two ordinary uterine tenaculi, bending their ends to a very acute angle: one is intended for the inner head and the other for the outer head of the muscle. Begin to insert them by holding them as nearly parallel as possible to the metacarpal bone of the thumb, and, by a circular motion, insert the curved end of the tenaculum, keeping the point subcutaneous. Next introduce the tenaculum under the head of the muscle, in the same manner as you would a tenotome; then, turning the point upward, you have the head of the muscle in the elbow of the tenaculum. Insert the second one in the same manner. Now pull the heads of the muscle assunder, and allow an assistant to push the phalanx in place. In order that the tenaculi may be withdrawn easily, care must be taken not to insert it too far from the normal position of each head of the muscle; and in withdrawing it to make a circular sweep of the handle.—*Med. Times, July 14.*

REDUCTION OF FEMUR.

Dr. SAMUEL LOGAN, of New Orleans, has recorded in a recent paper additional experience in confirmation of the plan proposed by him several years since for reducing, by manipulation, luxations of the femur. The difficulty incurred by the usual methods, according to the late Mr. Callender, of London, consists in the slipping of the head of the femur around the rim of the acetabulum during the ordinary process of manipulation, thus lodging the head of the bone in the thyroid foramen. Dr. Logan obviates this difficulty by making use of the anterior border of the pelvis as a fulcrum, and in that way lifting the head of the femur over the rim of the acetabulum with the thigh flexed upon the abdomen; the limb at the junction of its upper and middle third impinges upon the pelvis just below the anterior superior spine of the ilium; Forced flexion lifts the head of the femur, and rotation will throw the bone into place. The observance of these suggestions will be found of value in the reduction of this important class of injuries.—*Louv. Med. News, June 9.*

TREPHINING OF STERNUM FOR REMOVAL OF BULLET FROM CHEST.

Dr. S. MARKS, of Milwaukee, reported the following case at the recent meeting of the American Surgical Association, at Cincinnati:—Capt B. was wounded in the battle of the Wilderness, May 10, 1864. While rising from a recumbent posture a ball struck him a little above the centre of the sternum, and knocked him down. He soon rose and walked to the rear, where he was examined by a surgeon, and told he had been struck by a spent ball. He suffered intense pain, the heart action was disturbed and he had dyspnoea and orthopnoea. In the hospitals at Fredericksburg and Washington, many surgeons confirmed the original diagnosis. On the 4th day a discharge of pus gave him relief. October, 1870, Dr. Marks examined him, and detected a small spot of denuded bone, through which the probe passed into the chest. An improvised probe, tipped with a small portion of the stem of a clay pipe, was introduced and rotated against an obstruction; when removed

it gave unmistakable evidence of the presence of lead. Oct. 15th, the trephine was applied over the location of the bullet, and after removing a button of bone, a bullet was extracted which was wrapped in a strong cyst. The pulsation of the heart was seen through the opening. Recovery progressed steadily from that time on, and was not retarded by a considerable accidental discharge of blood from the wound during the healing. Trephining the sternum for the removal of foreign bodies, is a new operation in surgery.—*Med. Med. Jour.*, July 7.

REMOVING A LARGE PORTION OF UPPER LIP WITHOUT DEFORMITY.

For an extensive epithelioma of the upper lip, Mr. RICHARD BARDWELL devised the following operation (*Med. Press*, May 2, 1883):

The base line of the triangle requiring removal was measured, and an equal line marked by a superficial incision extending from the corner of the mouth directly outward. The other sides of the triangle, also measured, were similarly traced from this line downward toward the ramus of the jaw. Thus was traced outside and below the mouth a triangular space exactly like that to be removed from the upper lip, but reversed. The first—the horizontal—incision was now deepened down to, but not into, the mucous membrane; then the two lateral limbs of the triangle were incised through all tissues into the mouth, and some bleeding vessels were twisted. The thick tissues of the flap were dissected from the mucous membrane, left hanging to the horizontal incision, to which, the extreme point being sacrificed, it was stitched, thus giving to that part a red border. The next step was the excision of the epithelioma along the lines already traced and measured. The edges of the lower of what may be called the complimentary triangle were now brought together with twisted suture. In doing this it is to be noted that the horizontal base line of the complimentary triangle was necessarily shifted inward, and coming to lie above the lower lip, took the place of that part of the upper lip which had been removed with the cancer. The new red border, made by turning up the mucous membrane of the cheek, imitated the natural red of the lip. The edges of the wound in the upper lip were now brought together with hare-lip pins, and the new mucous edging sewn with horse-hair, both to where it joined the old and at the commissure of the mouth. When all was complete, no deformity was left. The man recovered rapidly, and when seen two months after operation his mouth was as nearly perfect in form as previous to operation, nor did its movements appear in any way irregular or constrained.—*Med. and Surg. Rep.*, July 14.

ABSCESS OF THE FRONTAL SINUS.—CURE.

NOTTA (*Rec d'ophtal.*,) reports a case of this nature in a woman aged sixty-four. She was first seen on November 1, 1882, having applied for surgical interference for a small tumor at the inner angle of one eye. She had been subject to catarrhal colds in the head for fifteen years, and of late the discharge from the pituitary membrane had had a fetid odor. She had occasional pain in the forehead, especially just over the left eye. On examination, a tumor was seen, just above the inner canthus of the left eye, as large as a pigeon's egg. Pressure on this tumor caused it to disappear, while a stream of fetid and greenish pus flowed either from the left nostril anteriorly, or from the posterior nares into the mouth. An examination of the supra-orbital arch on the left side shows a depression at the site of the tumor, due to the absorption of the anterior wall of the frontal sinus. An incision about fifteen mm. long was made parallel to the orbital margin and just above it, and the internal wall of the frontal sinus was scraped with a rasp. The cavity was then stuffed with charpie with a solution of zinc chloride, and over this was placed a carbolyzed dressing. At the end of two days the

charpie was removed, and twice a day the cavity was injected with carbolyzed solutions. By the last of December the wound had completely closed.—*N. Y. Med. Jour.*, July 14.

CARIES OF MAXILLARY.

Dr. JOHN S. MARSHALL, of Chicago, reported a curious case of caries of the maxillary bones, (*Amer. Med. Ass'n*). The alveolar processes surrounding the anterior upper teeth upon the labial surface were destroyed, the teeth being very loose, and the roots distinctly felt through the gums. There was profuse discharge of pus, and a probe could be passed from the margin of the gums to beyond the apex of the left lateral incisor and left canine, forming a pocket above. The other teeth were affected in a less degree, the loss of osseous tissue extending from the margin of the gums to the junction of the middle and upper third roots. The case was treated by thoroughly scraping the roots of the teeth and the diseased edges of the alveolar process with chisels made for the purpose and afterward injecting dilute aromatic sulphuric acid, and later, phenic acid in solution. The case when discharged, after being under treatment for about three months, was entirely cured; the teeth were firm and the lost osseous tissue about the apex of the teeth were seemingly restored.—*Va. Med. Mo.*, July.

REMOVAL OF A TUMOR FROM THE ANTERIOR MEDIASTINUM.

The report of this case was first read at a meeting of the Berlin Medical Society by Dr. Küster. The growth occurred in a healthy looking, robust man, aged thirty years. He denied syphilitic infection, and there was no evidence of the disease. The tumor projected forward from the right side of the sternum, and adhered to the right border of this bone, involved the third and fourth costal cartilages, and dipped into the chest between them. Negative results followed the administration of iodide of potassium, and the tumor was diagnosed to be sarcoma. In detaching the deeper part, the internal mammary artery was cut, a small aperture was made in the pleural sac, and the lung was seen to collapse immediately. It had also to be detached from the pericardium, under proper antiseptic dressings. The patient made a good recovery, without lung complication. This patient was operated upon Feb. 26, 1882, and exhibited to the Berlin Medical Society in December of the same year. The tumor was found to be a gumma, and the error in diagnosis was admitted.

König's case of excision of an osteo-chondromatous tumor of the sternum, in which both pleural sacs and the pericardium were opened, and the two internal mammary arteries were divided, was referred to. The patient, a woman aged 36 years, recovered. These cases are triumphs of operative skill, and certainly at no time has surgery been so aggressive as at the present.—*Chicago Med. Jour. and Exam.*, July.

FRACTURES OF THE LONG BONES.

Dr. JAMES R. TAYLOR, of New York, read portions of an elaborate paper at the Amer. Med. Ass'n on fractures of the long bones, which was profusely illustrated by well-executed drawings. The doctor first spoke of fracture of the thigh-bone, which he treats with a saddle made to fit into the perineum, whereby he secures the most perfect comfort possible by any apparatus used for the purpose of counter-extension. This neatly devised little saddle is held in position by a strap running to the head-board on each side, thus securing the limb in an immovable position. By fastening strips of adhesive plaster, previously secured to the leg, to a peculiar spring arrangement attached to the foot of the bed, he can produce any desired degree of exten-

sion. The chief advantage of the whole apparatus over all other instruments is the little saddle on which the patient sits, as it were, with comfort, rather than misery, as in most other methods, and the arrangement of springs. The doctor announced himself as positively opposed to the old method of using stones and other suspensory weights to produce extension of the limbs, and then turned his attention to

The Treatment of Fractured Ribs.—He brings the broken ends into place by raising the arms over the head, an original method, by which he claims there is no trouble in adjustment. They are then held in place by a band of adhesive plaster around the body. He gave original methods of treating broken wrists and collar-bones, illustrating the treatment of the latter with a living example in the person of an Irish laborer of this city, who was suffering from an injury of the kind named.—*Medical Age*, July 10.

RUPTURE OF THE SCIATIC NERVE MISTAKEN FOR FRACTURE OF NECK OF FEMUR.

Dr. CONRAD KUSTER reports a case in which a rupture of the sciatic nerve was mistaken for fracture of the neck of the femur. The patient, a strong man, æt. 30, slipped and fell backward while walking. He immediately felt a severe pain in the right leg, and numbness in the foot. He was unable to stand, and was carried to his house, where Küster saw him on the following day. At that time, he was suffering great pain in the limb—so great that a dose of morphine only partially relieved it. The limb was rotated outward, and seemed shortened. There was slight swelling in the neighborhood of the hip-joint, and pain on pressure was most severe at this point. At first sight, there seemed to be a fracture of the neck of the femur. This diagnosis had been guardedly made by two physicians, who saw the case soon after the accident, but, on account of the intense pain, had not made an examination. Dr. Küster diagnosticated rupture of the sciatic nerve, as there was no crepitation, and passive movements caused but little pain. The subsequent conduct of the case confirmed this diagnosis. Morphine was given to relieve the pain, and warm baths administered as soon as possible. The patient was in bed over six weeks, and five months afterward was able to go about with a crutch and stick.—*Berliner klin. Woch.*—*Med. News*, June 9.

COMPOUND, COMMUNUTED FRACTURE OF SKULL.—TREPHINING.—RECOVERY.

Dr. A. D. MURRAY reports a case in the *Lancet*, April 28, 1888. The operation was performed in the usual way. A little more than half a circle was removed from the sound bone above the apex of the triangular depressed portion, and after a corner had been removed by means of the saw, the piece was easily lifted out; a clot was found under this. The middle meningeal could be seen pulsating at the lower corner, but was uninjured. Some fragments were taken away, the wound dressed with carbolic oil and washed frequently with carbolic spray. The man made an excellent recovery, never having had a bad symptom. He thinks that this case points strongly to the advisability of trephining at once in compound comminuted depressed fracture of the skull, without waiting for symptoms of compression. The operation does not add to the patient's danger, and may, in all probability, be the means of preventing serious complications.—*Med. and Surg. Rep.*, June 2.

FRACTURE OF THE SKULL, WITH CONJUGATE DEVIATION OF THE EYES.

Dr. GEORGE THOMPSON showed, at the Manchester Medical Society, (*Brit. Med. Jour.*), J. L., aged fourteen, who had suffered a simple depressed fracture of the skull in the left infero-postero-parietal area. The symptoms after

injury were those characteristic of cerebral irritation. Consciousness was not completely recovered until six weeks after injury, when conjugate deviation of the eyes to the right was observed. This was so great as to cause both pupils to disappear behind the canthi, and made the boy practically blind. Both pupils reacted to light, and the right eye distinguished the light of a taper placed immediately in front of it. The facts seemed to Dr. Rosa, who was consulted five months after the injury, to point to spasmodic deviation, and therefore to some source of irritation near the center for the movements of the eyes on the left side of the brain. The depression being near the supposed seat of irritation, trephining was suggested by Dr. Ross, and performed by Dr. Thompson. Two spicula of the inner table were found to be impinging on the brain-surface, and were removed. There was prompt improvement in the deviation after the operation, and in a few weeks it entirely disappeared.—*Louv. Med. News.*

MINOR INJURIES OF THE SPINAL CORD.

Dr. B. HARTWELL, of Ayer, read a paper at the Mass. State Med. Soc. on minor injuries of the spinal cord, which was based upon the notes of nine cases, in which both the injury and the force used to produce it were slight, five of the nine were passive or subacute hyperæmia, and four a mild form of chronic myelitis. They were of from two to twenty years duration, and were not severe enough to prevent a certain amount of labor being performed.

These minor injuries are of special importance to us as practical physicians, from their comparative frequency, their liability to result in permanent changes in the substance of the cord, and because we can do much in the way of relief and cure by appropriate treatment.

After stating their importance in a medico-legal point of view, he approvingly quoted Hodges' view in regard to the positiveness of the symptoms in spinal concussion, and also the generally favorable prognosis in such cases. He gave the history of two cases of spinal concussion from railroad accidents, in which the symptoms were not developed until four and ten days after the injury, followed by very good recovery.

The author then passed to cases caused by jar of railroad carriage, and reported two cases of passive or subacute hyperæmia, one of the cervical, the other of the lumbar enlargement of the cord of six to twelve years standing, which were finally compelled to seek relief. He then gave the history of two cases of injury of the lumbar enlargement of the cord, by way of illustrating the larger number of those minor injuries of the cord, caused by concussion, blows, or other means, in which there is no external sign of injury, and the patient is able to attend in part to daily duties. These are transverse lesions of the cord, and are either subacute hyperæmia or a mild form of chronic myelitis, the line between them being an artificial one.

The diagnosis of these cases in the early stages is often difficult when only backache is present, with perhaps neuralgic-like pains extending into the legs, simulating sciatica.

The points in diagnosis are tender points along the course of the nerve in the latter, which do not occur in the former, the recumbent position aggravates pain in cases when there is increased circulation in the cord, the history of injury to the back, and finally trial of remedies. Strychnia increasing the pain and other symptoms of myelitis and hyperæmia, ergot and belladonna relieving them.

The prognosis is usually good; some of the cases getting entirely well, others remain greatly relieved, and occasionally one relapses into a hopeless case of chronic myelitis; in these latter, the change is usually sudden; as a rule, the cases are worse in hot weather, and are made temporarily worse by hard work or active exercise.

The recent cases of injury are treated by digitalis, aconite, bromide of potassium. Ergot usually aggravates, as is shown by Bartholow in a clinical lecture in the *Medical News* of December 16, 1882: "Its administration in

acute spinal inflammation is improper, because of the peculiarity of its action, it induces an anæmia of the arterial distribution"—an ischæmia properly speaking—but the blood thus driven from the arterial side accumulates on the venous side.

Hot douches and mild irritation of the spine do good in all cases. In the chronic form ergot and belladonna in full doses, dry cups along each side of the spine night and morning, galvanism, rest, not absolute, but with moderate exercise, are the remedies upon which we most rely. Belladonna gives most immediate relief from pain, and acts best in cases in which the bladder is involved.—*Med. News*, June 16.

CARIES OF THE SPINE IN TAILORESSES.

Mr. JOHN HOPKINS reports (*Lancet*,) three cases of disease of the vertebræ occurring in tailoresses. The first patient was sixty-nine years of age; she suddenly lost the use of both lower limbs; previously she had complained only of a feeling of dejection and indisposition to work. There were increased reflex movements. The seventh dorsal vertebra was slightly prominent, pains occasionally shot down the front of the thighs, the bladder was distended, and the bowels were confined. The prominence of the vertebra became more marked. The patient died five weeks after the onset of the paralysis. On post-mortem examination, the bodies of the seventh and eighth dorsal vertebræ were found carious. The spinal cord was compressed by abscesses pressing backward. The other cases ended similarly.—*N. Y. Med. Jour.*

REMOVAL OF CARIOUS PORTIONS OF THE VERTEBRAL BODIES.

Dr. BOECKEL relates the history of a case in which he removed the carious portion of the bodies of two dorsal vertebræ, by means of the sharp spoon, with gratifying results. From his experience in this case and in operations upon the cadaver, the writer concludes that it is not so difficult as is usually supposed to reach the anterior portion of the spinal column. The resection of an inch to an inch and a half of one rib affords room enough for the finger to reach the bodies of the diseased vertebræ. The danger of wounding any of the great vessels lying in front of the spinal column is not so great as it seems, as the pus has already formed a sinus which serves as a guide to the diseased bone. The bodies of the lumbar vertebræ may be reached by an incision made at the outer border of the sacro-lumbalis muscle, as for nephrotomy. The same operation is indicated in gun-shot wounds of the vertebral bodies. The difficulty in such cases lies less in the operation itself than in the uncertainty of the diagnosis respecting the location and extent of the injury to the bone.—*Schmidt's Jahrbücher*.—*Med. Record*

SPINAL CARIES.—TREPHINE.

The Trephine was used by Dr. BANHAM and Mr. ARTHUR JACKSON (*British Medical Journal*) in the treatment of a case of spinal caries with paraplegia, for the relief of symptoms of pressure. The patient, a boy twelve years of age, had been struck in the back some months before, and on admission to the infirmary both lower limbs were helpless, wasted and flaccid. Sensation was normal; there was exalted faradic contractibility and sensibility, and increased tendon-reflex. There was no swelling or tenderness detected in the back, and hot and cold sponges did not distress him. For the next two months he gradually grew worse till he lost all control of his sphincters and could not turn himself in bed. The wasting had increased and the legs were drawn up in a state of tonic contraction, and any attempt

at straightening them caused great pain. Faradism caused him to cry out loudly, and galvanism he never felt. A prominence appeared in his back corresponding to the lower dorsal spines, and drugs and galvanism producing no effect. Mr. Jackson operated on him. An incision three and a half inches long was made over the lower dorsal spines, and the laminae and spinous process of the ninth vertebrae were removed. The dura mater was laid bare, but not opened. No pus was found, but the cord rose to the opening in the bone. The temperature rose the next day to 102° F., but soon fell to 100° F., where it remained for three weeks and then became normal. He was much improved by the operation, being able for the first time since admission to micturate properly and when he desired. Control of the sphincters was regained, the painful contractions of his legs disappeared, and he was able to draw his knees up against his abdomen and slightly move his toes. Faradic contractibility was, however, much diminished, though sensibility was normal.—*Medical Review*.

TENDER SPINES.—SUBCUTANEOUS INCISIONS.

Dr. V. H. COFFMAN, of Omaha, Neb., read before the *Amer. Med. Ass'n.*, a paper on

The Treatment of Tender Spines by Subcutaneous Incisions.—He took issue with the usual method of treatment in such cases and said the simplest but most effective method, rest always understood, is subcutaneous incision over the seat of that portion of the spine which is implicated. His procedure is to introduce a tenotome at a point below the tender spot, thence passing it a point above, and then by pressure, as he withdraws it, he cuts down upon the bone, and where tendinous structure is involved he divides the sheath of the tendon or performs longitudinal section of the tendon itself. He also incises the aponeurosis when it is the seat of the disease.

The paper gave rise to numerous inquiries and a good deal of discussion, as the practice is a very novel one.—*Med. Age*, July 10.

SPONDYLITIS.—FELT JACKET.

Dr. ANDERS reported to the Society of Physicians at St. Petersburg his results on the treatment of spondylitis with the felt jacket. He takes first a model of the upper body with plaster Paris, and he has the felt jacket exactly after this model. He claims superiority for the felt jacket over the plaster Paris jacket of Sayre; and he says that, especially to children, the latter apparatus is not applicable. He has treated fifty patients affected with spondylitis in all stages of the disease. He had some who had abandoned walking for several months, and he says that his felt jackets have been always easily worn and that every case was followed by the most decided success.—*St. Petersburg Wochenschr.*—*Chicago Med. Jour. & Exam.*, June.

RESTORATION OF A LOST CHEEK BY A FLAP FROM THE SHOULDER.

EDMUND ANDREWS, M.D., LL.D., Professor of Clinical Surgery in Chicago Medical College, writes:—This operation, as far as I know, is new; at least, I find no example of it among the works of reference at present accessible to me, and it is of importance as showing that for plastic operations on the side of the face one may use the shoulder as a source of flaps.

Case.—The patient was a young woman about twenty-two years of age. During the previous year she had received the discharge of a shot-gun close to her face, passing obliquely from the front backward and outward. The right cheek, from the angle of the mouth backward nearly to the ear, was

torn away, stripping the jaws down to the periosteum. The teeth were not injured, but a few scales of the bone afterward exfoliated from the side of the body of the lower jaw. The masseter muscle was injured, but not torn away. At the time of the operation the parts were cicatrized, the lips were separated widely at the commissure, the upper one being adherent to the upper jaw near the ala of the nose, and the lower one to the lower maxilla an inch below, changing the mouth to a triangular opening. The molar teeth were exposed in the cavity where the cheek should have been.

I examined the forearm and the neck with the view of transplanting a flap from one of these places, but the patient was thin, and it was evident that there was not fat enough in either of these locations to supply the thick cushion torn from the cheek by the gun. Fortunately, the patient had a long and flexible neck, and the shoulder was very movable. By experiment I found there was no difficulty in placing the wounded spot fairly against the top of the deltoid region by flexing the neck to one side, and raising the the shoulder to meet the spot where the cheek should be; at the same time there was a tolerably thick cushion of fat covering the deltoid muscle.

I therefore made the first operation by anæsthetizing the patient, and raising a thick oval flap from the front of the deltoid two inches wide and two and a half inches long, leaving it attached by its upper end near the outer extremity of the clavicle. This flap was washed in carbolized water, and wrapped in gutta-percha tissue, and left about a week to recover the vigor of its circulation. The patient was again anæsthetized, and the circumference of the cicatrized vacuity in the face and of the flap were well refreshed with the scalpel. Bending the neck toward the flap and raising the shoulder to meet it, the flap was turned up, and without much difficulty stitched into its place, with the free end backward toward the ear. The head and shoulder were now firmly plastered together by long and broad adhesive straps, passing around the head and face and under the axilla, reinforced by bandages crossed and fastened in proper places. At the end of another week the union was established, and I separated the flap from the shoulder and released the head from its confinement. Most of the transplanted tissue retained its vitality, but a portion nearest the mouth sloughed, and eventually came away, leaving the flap deficient in size at that part. Three weeks after the final separation of the flap from the shoulder, I separated the external angles of the lips from their abnormal adhesions, placed them together so as to make a good commissure, and filled the gap between them and the flap by sliding in other tissues from above and below.

A salivary fistula from the duct of Steno still remained near the ear, which was cured by making a free route for the saliva into the mouth, and sliding a small flap over the external orifice.

The result of these tedious labors was most excellent, and the patient recovered a reasonably full and rounded cheek, and a comparative comeliness of countenance.—*Jour. Amer. Med. Ass'n*, July 14.

TRANSPLANTATION OF SKIN-FLAPS FROM DISTANT PARTS WITHOUT PEDICLE.

Dr. WOLFE, in a communication to the *Practitioner* (May), lays down the principle that the old Tagliacozzian precept of retaining a pedicle for skin-flaps is based on erroneous observation: the nutrition of the flap does not come through the pedicle, but from the underlying granulations. Success in plastic operations can be obtained with even quite large flaps of skin, provided proper attention be paid to the under surface of the piece transplanted. Dr. Wolfe recommends that every particle of the subcutaneous areolar tissue should be removed from the lower surface of the flap with the scissors before it is placed upon the granulating surface; it should not be retained by sutures, but should merely have its border tucked under an incision running around it in the tissues below. Pieces of patent lint, wet with warm water, are to be applied, the lowest to remain undisturbed for three days, after which the

part may be dressed every day. This operation is applicable to cases of deformity or loss of the skin of the face, and especially of the eyelid. Successful cases are reported in Dr. Wolfe's paper.—*Med. Times*, June 2.

TO CONTROL HEMORRHAGE IN HIP-JOINT AMPUTATION.

The abdominal tourniquet is a cumbersome apparatus, and we hail with pleasure the following ingenious device of Dr. Jordan Lloyd (*Lancet*, May 26, 1883):

A strip of black india-rubber bandage about two yards long is to be doubled and passed between the thighs, its centre lying between the tuber ischii of the side to be operated on and the anus. A common calico thigh roller must next be laid lengthwise over the external iliac artery. The ends of the rubber are now to be firmly and steadily drawn in a direction upward and outward, one in front and one behind, to a point above the centre of the iliac crest of the same side. They must be pulled tight enough to check pulsation in the femoral artery. The front part of the band passing across the compress occludes the external iliac, and runs parallel to and above Poupart's ligament. The back half of the band runs across the great sacro-sciatic notch, and, by compressing the vessels passing through it, prevents bleeding from the branches of the internal iliac artery. The ends of the bandage thus tightened must be held by the hand of an assistant placed just above the centre of the iliac crest, the back of the hand being against the surface of the patient's body. It is a good plan to pass the elastic over a slip of wood held in the palm of the hand, so as to diminish the pain attending the prolonged pressure of the rubber bandage. In this way an elastic tourniquet is made to encircle one of the innominate bones, checking the whole blood supply to the lower extremity.—*Med. and Surg. Rep.*, July 7.

TREPHINING FOR INSANITY.

In 1868, a child was kicked by a mule, and his frontal bone crushed. He recovered with a deep depression. Thirteen years subsequently he commenced to suffer with pain in the wound and occasional dizziness, and four years later became subject to periodical attacks of insanity. In June, 1882, Dr. J. P. McGee, who reports the case in the *Miss. Valley Med. Monthly*, February, 1883, trephined and removed a disc of bone from the under surface of which an exostosis projected through the dura mater. The pain immediately vanished, and has not returned, and on January 29, 1883, it is noted that the attacks of insanity are growing gradually less frequent and less severe.

The opening in the skull, left by the removal of the disc, is firmly filled with osseous substance, and he has no sensation to remind him that his head was ever hurt.—*Med. and Surg. Rep.*

BURN-CICATRIX OF THE LOWER LIP TREATED BY TEALE'S METHOD.

Dr. RENTON, in the *British Medical Journal*, reports a case in which he performed Mr. Teale's operation for burn-cicatrix of the lower lip. The patient, a woman aged 21, had eleven years previously met with a severe burn, in consequence of which the lower lip had become everted and drawn downward toward the sternum by dense cicatricial bands. After a preliminary operation, Dr. Renton decided to perform Teale's operation. The everted lip was divided into three equal parts, the alveolar portion of the central part was freely incised, and two vertical incisions, each an inch and a half long, were made down to the bone from each end of the central one, and then carried upward to a point one inch beyond the angle of the mouth.

The flaps thus marked out were dissected up, brought over the everted lip, and united by a few points of silver suture. The head was fitted in a suitable apparatus during the healing process. The patient made a good recovery, being much improved in appearance and able to take food better.—*London Med. Rec.—Cin. Lan. and Clin.*, June 16.

TREATMENT OF CARBUNCLE BY SCRAPING.

In the *Brit. Med. Jour.*, Mr. H. B. HEWETSON read notes of a case of carbuncle occurring in an elderly patient, in which, on the eleventh day of the disease, he had made incisions, and then freely scraped away the diseased tissue, removing also portions of the affected skin by means of scissors. Having washed out the cavity with strong carbolic lotion, he filled it with lint dipped in glycerine of carbolic acid, and applied an external dressing of salicylic silk. After three days, the carbolic dressing was discontinued, the silk alone being used. In fourteen days, the patient, a clergyman, was able to resume duty. Mr. Robson thought that the carbolic acid completed the cure by destroying the germs existing in the walls of the carbuncle.—*Med. and Surg. Rep.*, July 21.

TRAUMATIC TETANUS.—ESERINE.

Dr. LAYTON reports the case (*Deutsche-Amerikanische Apotheker-Zeitung*) of an eleven-year-old patient suffering with traumatic tetanus, the result of a wound in the foot produced by a splinter of wood. Cannabis indica, chloral hydrate and bromide of potash had been used without effect. Eserine was then resorted to in one-sixty-fourth grain doses every hour, whereupon rapid recovery ensued. The writer states that this treatment was attended by an increase of the secretions, but there was no contraction of the pupils, and no toxic symptoms manifested themselves.—*Med. Rev.*, June 30.

TRAUMATIC PARALYSIS OF THE QUADRICEPS MUSCLE.

Professor LÜCKE states that slight injuries sometimes cause a loss of function with rapid atrophy of the quadriceps extensor femoris. The electrical irritability is markedly diminished but never entirely lost. A passive effusion into the knee-joint occurs from relaxation of the capsule. In a similar affection of the deltoid there results, from loss of support, an apparent luxation. The author believes that many cases of so-called congenital dislocation of the hip are due to a like condition which obtains in the muscles about the hip. The prognosis of traumatic muscular atrophy when untreated is bad. But treatment, if undertaken early, is very successful. It consists in the application of a weak constant current at first, and the induced current later.—*Centralblatt für Chir.—Med. Record.*

GOITRE.—PARENCHYMATOUS INJECTIONS.

Dr. GRUNMACH, of Berlin, has employed an arsenical injection into the parenchyma of the enlarged thyroid body in more than one hundred cases. The injection consisted of one part liquor potassæ arsenitis to three of water. This solution was made use of two or three times a week. The average total number of sittings was ten to fifteen. The evil effects sometimes seen after the use of iodine, never once occurred with this arsenical preparation. The effect was to diminish the tumor, and to remove the obstruction to the breathing supposed to be due to the pressure on the trachea. The general health of the anæmic patients was much improved.—*Med. Times and Gaz.—Med. Brief*, July.

FELON.—CARBOLIC PUNCTURE.

Dr. A. M. PELTON says, in the *Southern Practitioner*: By the following method abscesses, felons, boils, etc., can be opened with little or no pain. Sharpen to a point a stick about six inches in length. Dip the point into liquified carbolic acid, and apply to the point chosen for the opening. After a moment's delay, cut the skin with a knife; then take a little of the acid on the point of the stick and apply in the incision with a gentle rotary motion. By frequent applications of the acid, and a gentle rotary motion of the stick persistently applied, an opening can be made to the required depth. The carbolic acid produces first anæsthesia, then death of the parts to which it is applied in the foregoing manner.—*Med. Rev.*, June 30.

FELON.—HOT WATER POULTICE.

Warm water, of all remedies is one of most general application. Cotton dipped in warm water makes the best and cleanest poultice that can be used. It is the most healing application for cuts, bruises, wounds, sores, felons and other inflammations. A very convenient way in case of felon or other painful abscess is to hold the hand for hours in water as warm as can be comfortably borne.—*Home Health*, July.

DISSECTION OF A CASE OF TALIPES VARUS.

Dr. SHEPHERD obtained this specimen from a subject in the dissecting room, aged about 45. The foot had never been operated on, and was a pure case of talipes varus. The deformity was due principally to the contraction of the tibialis anticus, extensor proprius pollicis, and extensor communis digitorum, tendons.—*Can. Med. Record*, June.

NERVE-SUTURE.

Suture of the musculo-spiral nerve five months after its complete division, with ultimate restoration of its functions, is reported in the *Lancet*, June 16th, by Mr. T. Holmes.—*Louv. Med. News*, July 7.

RESPIRATORY ORGANS.

TREPHINE IN TRAUMATIC EMPYEMA ASSOCIATED WITH THORACIC FISTULA.

Dr. RICHARDSON presented the following to the Amer. Surg. Ass'n:—Chronic suppurating pleuritis with an imperfect fistulous outlet, external or bronchial, is not an uncommon result of gunshot or other penetrating wounds of the thoracic cavity; and it is no secret that the resources of surgery have not heretofore offered much encouragement to the patients. In the majority of cases there is a contraction or sinking in of the injured side from inflammatory changes, a constant discharge of fetid pus, persistent cough, fevers, and more or less rapid exhaustion of strength, usually terminating fatally. Two main difficulties were encountered in the treatment: first, insufficient drainage; and second, permanent separation of the lung from the chest wall. To those two points he desired to call attention.

First.—The serious obstacle to drainage in these cases was not the stenosis, but the approximation of the ribs consequent upon the sinking in of the chest wall. Owing to the shortness and greater degree of fixedness of the first four or six ribs, very close approach of their adjacent borders was seldom seen except in quite young subjects.

But in other situations where greater latitude of motion existed, more especially along the lateral planes of the thorax below the fifth or sixth ribs, it was not rare, in the cases under consideration, to find the adjacent edges closely applied, and sometimes even slightly imbricated. It was impossible, under such circumstances, by any ordinary means to preserve satisfactory drainage, however extensive it must be made in an intercostal space. The effect of the entrance of air into undrained pyogenic sacs was familiar to every one, and in no other part of the body, not excepting pelvic and psoas abscesses, was the decomposition of the contained fluid more complete or more certain to result in the death of the patient by the production of pyæmia, or more slowly by consuming irritative fever.

Second.—The obstacle to the closure of the pus cavity arising from compression of the lung by inflammatory membrane, and the consequent inability of this organ to expand to its original dimension, was not of itself detrimental to the life of the patient. Pyogenic surfaces when freely exposed to air, and at the same time sufficiently protected to prevent desiccation, more especially if kept moist by an antiseptic fluid, seldom gave rise to pyæmia or irritative fever.

As the great danger in these cases depended mainly upon the want of suitable drainage, it was to the best method of effecting this purpose that he desired to draw attention. The surgeon's only resort was the removal of a portion of one or more ribs. This might be accomplished by one or other of the ordinary methods of bone-resection, but it may be best accomplished by the use of a large trephine. The idea of trephining the thorax was not new. It was said to have been proposed by Hippocrates, and in more modern times had been modified by Reybard, and adopted by Recamier, Trousseau, and others.—*Med. Record*, June 9.

PURULENT PLEURITIS.—FREE INCISION.

Dr. W. H. MYER, of Indiana, at Amer. Med. Ass'n, read a paper on the Surgical Treatment of Purulent Pleuritis. He recommended making a free incision in purulent pleuritis, resorting to puncture only when the effusion was serious. A single puncture was allowable, chiefly for purposes of diagnosis. The reasons for using the knife after the first aspiration were the following: First, the cavity refills after aspiration; second, repetition of aspiration is painful, and causes more or less shock; third, much valuable time is lost by allowing the fluid to remain, and favoring the formation of firm adhesions which will be followed by contractions of the chest; fourth, speedy relief of the lung promotes complete expansion. The admission of air into the pleural cavity has ceased to be an important factor in the operation.

Dr. E. Sinnott, of Ohio, and Dr. Christie, of Iowa, referred to cases which they had treated successfully by the free incision.—*Med. Age*, July 10.

ENCHONDROMA OF BOTH LUNGS WITH SECONDARY GROWTH IN BRAIN.

Dr. CHURTON, in the *Lancet*, gives notes of the case of a girl, aged eighteen, who came under his observation for shortness of breath and severe cough. The left leg had been amputated four years previously, but the exact nature of the disease was not ascertained. There had been wasting for sixteen months before she came under Dr. Churton. On examination, there were the usual signs of effusion on the right side of the chest, and subsequently several ounces of blood-stained fluid removed by the aspirator. After two

or three weeks of frequent headache and vomiting, twitchings of the left arm and hand were noticed; and after this patient had fits at intervals, remaining unconscious for an hour or more. The patient gradually became worse, and died about two months after her admission. The post-mortem examination showed a hard, bony growth of the lower part of the right lung, with scattered nodules through the anterior part, and also in the left lung. In the substance of the right cerebrum was a growth weighing nine drachms, which on examination proved to be ordinary osteo-enchondroma.—*Med. Record*, July 7.

ENORMOUS TUMOR, REMOVED FROM THE GLOSSO-EPIGLOTTIC SINUS.

Dr. E. C. MORGAN, of Washington, D. C., reported at the American Laryngological Association, a case of a large pedunculated myxo-sarcoma, originating from the left glosso-epiglottic fossa and a portion of the lateral pharyngeal wall, in which he was enabled to remove the tumor in rather a novel and primitive manner, viz.: by getting its pedicle between the tips of the *index* and *middle fingers*, and using considerable *torsion* and *force*.

The patient, a strong, well-developed man, of forty-nine years, had long suffered from dyspnœa, dysphagia, and aphonia, which symptoms ceased almost immediately after the extraction. The tumor measured two and one-half inches in lesser, and two and three-quarter inches in greater circumference, was ovoid, of firm consistence, and had a pedicle one-quarter inch long. — Microscopic examination demonstrated that it was a myxo-sarcoma. The specimen and drawings were exhibited, and it was stated that the man is doing well, two and a half months after the operation. Laryngoscopic examination shows that this growth was completely removed.

During his remarks, Dr. Morgan took occasion to say that pharyngeal tumors are, according to his researches, not so rare as is generally claimed, and presented a tabular statement, embracing sixty-one authentic examples. Sarcomata predominate in the pharynx. In concluding, he submitted a complete bibliography of the entire subject, containing seventy references to interesting contributions.—*Med. News*, June 2.

COMPLETE LUXATION OF THE LEFT ARYTENOID CARTILAGE WITH CONSEQUENT STENOSIS OF THE LARYNX.

CHVOSTEK (*Wiener Medizin Blätter*) reports a case of this accident in the larynx of a patient who, during the second week of typhoid fever, was seized with hoarseness, the fever taking on at the same time a pyæmic character. In the night, sudden dyspnœa occurred, with symptoms of laryngeal obstruction. Tracheotomy was immediately performed, but too late to save the patient. At the autopsy the left arytenoid cartilage was found (lying in the aditus laryngis) almost completely separated from its attachments, and bound by a bridgelike band to the base of an ulcer which occupied the original situation of the cartilage. In the neighborhood of the ulcer the posterior portions of the true and false vocal cords were wanting. There was œdema of the right aryepiglottic ligament.—*Md. Med. Jour*.

DESTRUCTION OF NASAL POLYPI BY CHROMIC ACID.

The Destruction of Nasal Polypi by Chromic Acid was the title of a paper read by Dr. Frank Donaldson, of Baltimore, at the Amer. Laryn. Ass'n:—What was desired in getting rid of nasal polypi, he said, was prompt and rapid removal with as little pain and hæmorrhage as possible, and in such a way as to prevent recurrence. He then reviewed the various methods in vogue, with their advantages and disadvantages, and stated that specialists

were now more inclined to the use of the *écraseur* in some form. If the snare alone were employed, however, the growth almost invariably returned, and hence Morell Mackenzie and others were in the practice of removing a portion of the turbinated bones in addition to the tumor. With the galvanocautery there was less hæmorrhage, but in burning out the insertion by this means it was difficult to avoid injuring more tissue than was desirable. Caustics had in a great measure been abandoned because their destructive qualities were not limited to the neoplasm to be removed, but he had found strong chromic acid free from the objections to which most chemical agents of this class were open. Its action was that of a solvent of animal tissue, and it rapidly lost one half its oxygen and became an inert sesquioxide. At the same time it was antiseptic and disinfectant, while it was ten times stronger than carbolic acid, fifteen times stronger than nitric acid, and twenty times stronger than bichloride of mercury. Its action was prompt, and it gave rise to less pain than any other caustic. His manner of using it was to first moisten the mucous surface with lead lotion, and then apply the acid on a glass rod introduced into the polyp. Its affinity for organic matter was so great that it acted immediately, and the growth could then be readily removed by means of forceps without pain and without hæmorrhage. If the whole growth did not come away the view of the parts was not obscured by blood, and the remaining part could be removed by a second application. After the removal of polypi by the snare, it was also a safe and efficient escharotic if one were desired, and it was not his purpose to recommend chromic acid to the exclusion of other surgical means.

Dr. Jarvis was of the opinion that these gelatinous polypi did not, as a rule, recur from their old bases, but that formation of new tissue occurred by reason of small embryonic polypi remaining in the vicinity. He was led to take this view by a case (which he related) in which, in addition to a large one, a number of these small growths were found. Chromic acid, he believed, prevented the development of these.

Dr. Duncan had found that nasal polypi, no matter what method was employed for their removal, were exceedingly apt to recur unless a portion of the turbinated bones, in accordance with the practice of Dr. Morell Mackenzie, were removed in addition.

Dr. Seiler said that the gelatinoid polypus was a localized hypertrophy of the mucous membrane, which had undergone myxomatous degeneration, and that he agreed with Dr. Jarvis as to the origin of the new growth after their removal. He preferred the wire *écraseur* tightened very slowly.—*Boston Med. and Surg. Jour.*

ASTHMA AND NASAL POLYPI.

Dr. JOAL, in a pamphlet on this subject, based on ten observations, shows that nasal polypi may be accompanied by suffocative feelings, and may often cause attacks of asthma, as these oppressive symptoms disappear when the tumors are removed. The author draws the following conclusions: 1. Mucous polypi of the nose sometimes occasion dyspnoic troubles of asthmatic nature, but they may be totally without influence on the production and progress of these troubles, or may be a simple coincidence. 2. This symptomatic asthma is observed principally in arthritic subjects, and in aged persons. 3. It is more often produced by reflex action following irritation of the nasal mucous membrane, produced by polypi. 4. The point of departure of the excitation may be the sensitive filaments of the pneumogastric supplying the pharyngeal or bronchial mucous membrane, which are influenced in the modified respiratory act by obstruction of the nasal passages. 5. Asthma may be due to catarrhal and emphysematous lesions attributable to nasal polypi. 6. The asthmatic accidents improve or disappear after ablation of the polypi. 7. The nervous troubles produced by polypoid tumors of the nose, may be confined to periods of spasmodic sneezing.—*Revue Méd. Franc et Étrang.*—*Medical News*, June 23.

OZÆNA.—PROF. MASSEI'S TREATMENT.

In the treatment of ozæna Prof. MASSEI (*Giornale Internaz. delle Scienze Med.*, June 5 and 6, 1888,) says that if the mucous membrane be hypertrophied and the nasal cavity constricted, dilatation may be necessary. This is much better accomplished, as Massei recommends, by the douche of compressed air, simple or medicated, than by bougies. To cleanse the nasal cavities from the masses which encumber them, and to prepare the ground for other remedies, is the first indication. Weber's douche acts better than any other, and a simple alkaline saline solution is better than astringents. Salt water or common salt dissolved in water (1 in 100) does very well. Afterward some antiseptic wash must be used. Massei prefers the following: salicylic acid 1 gramme, borax 2 grammes, water 500 grammes, with sufficient citrate of ammonia to dissolve the salicylic acid. He prefers the insufflation of powders or the application of ointments to pencilling with caustics. He finds calomel answer as well as any. If the exudation be thick and tenacious, and crusts form, ointments are preferable. He recommends inodorous iodoform, as in the following formula, iodoform, 1 gramme; balsam of Peru, 2 grammes; vaseline, 20 grammes; the iodoform or balsam of Peru being mixed together before adding the vaseline—or borax in glycerine 1 in 5. Inhalations of iodine may also be useful. The douche must be always used warm. Constitutional treatment must not be neglected. Iodide of iron and cod-liver oil should be given to scrofulous patients. Marine and sulphur baths are often of great service.—*London Med. Record.*—*Cin. Lan. and Clinic.*, June 30.

 THYROIDECTOMY.

M. DELENS read before the Société de Chirurgie a report of a case by Dr. Beauregard, of Havre, of a man aged 28 years, who suffered from a cyst of the thyroid, of the size of a large orange, which interfered with both respiration and voice. Aspiration was practised and some blood only removed. The tumor was surrounded by an elastic ligature, and on the third day was partially separated; on the fourth day hemorrhage necessitated the application of an écraseur and the removal of the tumor. In fifteen days the wound was completely cicatrized.—*Revue de Thérapeutique.*—*Medical News.*

 CIRCULATORY ORGANS.

 WOUNDS OF THE HEART.

The surgery of the present day is undoubtedly aggressive, the intrathoracic organs had been long beyond the pale of even minor operations, but excision of the lung has recently been proposed on experimental grounds as an operation practicable, at least in certain cases; and now the principle has been maintained by Block, on the same grounds, that wounds of the heart should receive surgical treatment, similar to that which would be given to a wound of an external part. He recently pointed out, to the German Surgical Society, that death from wounds of the heart is usually due to asphyxia from effusion of blood into the pericardium, or to the loss of blood, or to damage to the motor ganglia of the heart, or to obliteration of the coronary artery. Hesitation in opening the thoracic cavity leads the surgeon at present to allow the patient to die, when he might be saved from death by asphyxia by a simple incision into the pericardium, and from death by hemorrhage by an equally simple suture. He has endeavored to show by experiments on dogs and rabbits, that the suture of wounds of the heart is a

relatively inoffensive operation, which can be successfully carried out in the space of three or four minutes. In four animals the two pleural cavities and the pericardium were opened for a short time, and all survived—a proof that such interference can actually be borne by animals. The opening of the right and left ventricles and the compression of the entire heart necessary to close the wounds, was also borne for some time.—*Gaillard's M. J.*, June 16.

PURULENT PERICARDITIS TREATED BY PARACENTESIS AND BY FREE INCISIONS, WITH RECOVERY.

SAMUEL WEST, M. D., in the *British Medical Journal*:—A boy, aged sixteen, had a large pericardial effusion. The symptoms became so urgent that paracentesis was performed. Pus was obtained. Three days later paracentesis was again performed, and subsequently the pericardium was laid freely open, evacuated, washed out, and a drainage-tube inserted. The temperature never rose, and the boy recovered completely in five weeks, the only feature of interest being an attack of general urticaria, which came on about a week after the operation, and lasted three or four days. In support of the diagnosis, a case of Sir J. Risdon Bennett's was referred to, in which what was supposed to be mediastinal cyst was frequently punctured, but proved to be on *post-mortem* examination a case of chronic pericardial effusion. The points of clinical interest discussed were: (1) The absence of any special signs to indicate the nature of the effusion; there was no friction to be heard before the operation, or mill-wheel sound characteristic of hydro-pneumo-pericardium after the free incision; (2) The operation (which was by preliminary puncture by a small trocar and cannula, and subsequently by free incision), and the place selected for puncture, viz., the fourth intercostal space, immediately below the left nipple; (3) The amount of the fluid evacuated, viz., fourteen ounces by the first tapping, and about two quarts by the free incision; (4) A peculiar epigastric prominence, noticed before paracentesis, which disappeared after operation; (5) The attack of urticaria; (6) The pulsus paradoxus, which was constant up to the time of the free incision, but ceased immediately after that. A short account was then given of the only other recorded case of incision of the pericardium for purulent pericarditis by Professor Rosentein, of Leyden, which also recovered.—*Amer. Pract.*, July.

PULSATION OF THE SPLEEN IN AORTIC INCOMPETENCE.

It would appear that this sign of aortic incompetence has not been previously described. Attention has now been drawn to it by Dr. Gerhardt, in the *Zeits. für klin. Med.*, IV., S. 449, without any attempt being made to magnify the importance of the phenomenon. We are familiar with pulsation in the smallest vessels of many of the visible parts of the body in aortic incompetence, including the bed of the nails; and Quincke has shown how the two factors necessary for its production are, relaxation of the vascular walls, and sudden great variation in the blood-pressure, such as occurs in aortic regurgitation. In Gerhardt's three cases the spleen was large and the patients in high fever. The splenic tumor swelled during the cardiac systole, expanding gradually, and diminished in size again during diastole. A dull double sound was audible over the tumor, apparently distinct from the cardiac murmurs which could be made out at the upper part of the tumor. To the finger the pulsation had not the characters of an aneurism, but was of the nature of a soft swelling, very much as in pulsating jugulars. The sign appears to be not entirely without some prognostic value, inasmuch as it indicates a sound condition of the left ventricular walls, and compensation, as far as possible, of the valvular inadequacy.—*Medical Times and Gaz.*—*Medical News*.

DIRECT TRANSFUSION FROM AN ARTERY INTO THE PERITONEAL CAVITY.

Drs. CORONA and COCCO-PISANI report the following results of transfusion experiments made upon animals: 1, Pure blood, passed directly from a carotid artery into the peritoneum of another animal is entirely absorbed; 2, in small animals three ounces of blood had been entirely absorbed in five days; 3, the blood, until its disappearance, remains fluid in the peritoneal cavity; 4, the increase of hæmoglobin begins after twenty-four hours and continues for a certain indefinite time; 5, the animal suffers no injury on the part of the peritoneum or of any other organ.—*Centralblatt für Chir.—Med. Record, June 2.*

GOITRE.—CAPILLARY ELECTROLYSIS.

By capillary electrolysis is meant the utilization of a capillary trocar as the electrolytic needle. Dr. Henrot, who proposes this method, uses it in those cases of goitre containing cysts, and permeated by large veins. Whilst through the canula the fluid is removed, the canula, as a needle transmitting the galvanic current, brings about also the closure of the great veins. Dr. Henrot gives a case with minute details, in which this mode of treatment was entirely successful. If such an expedient be contrasted with the measures heretofore available for the treatment of vascular cystic goitre, its superiority becomes at once apparent.—*Med. News, June 2.*

GOITRE.—EXCISION OF ISTHMUS.

The operation recommended by Mr. SIDNEY JONES (*Med. Press*), consists in excision of the isthmus of the thyroid instead of extirpation of one or both lobes of the organ; and in a case in which he recently adopted it, the proceeding was the most successful possible. A curious consequence of the operation, and on which Mr. Jones laid especial stress, is the invariable atrophy of the gland substances which ensues when the isthmus is taken away.—*Med. and Surg. Rep., July 14.*

MILK DIET IN EXOPHTHALMIC GOITRE.

SCHNAUBERT recommends highly an exclusive milk diet in cases of exophthalmic goitre. He reports three cases very favorably influenced by such diet.

Dr. C. Shumova also reports two cases which were greatly benefited by this line of treatment.—*Ejenedeln. klin. Gaz.—Jour. Nerv. and Ment. Dis.*

DELIGATION OF LARGE ARTERIES.—APPLICATION OF TWO LIGATURES.—DIVISION.

Attention is called by Dr. W. J. WALSHAM, in the *Brit. Med. Jour.*, to the fact that secondary hemorrhage, after ligation of arteries, is often due to the fact that in separating the sheath from the artery, the blood supply of the latter is cut off, and sloughing or gangrene of the vessel in the vicinity of the ligature results. To obviate this danger he recommends applying *two* ligatures, about half an inch apart, the denuded and devitalized portion of the vessel being thus between them, and dividing the vessel in this portion.—*Med. and Surg. Rep., June 2.*

ANEURISM OF ANTERIOR COMMUNICATING ARTERY.

In presenting a case to the Medico-Chirurgical Society of Montreal, Dr. Osler called attention to the fact of the frequency of aneurism of the cerebral

vessels, and to the fact that many cases of apoplexy in young persons were caused by them. This was the eighth instance which had come under his observation in the past few years.—*Can. Med. Record*, June.

ANEURISM OF ORBIT.—LIGATURE OF CAROTID.

From the *London Med. Record*, we learn that in the *Practitioner*, 1882, No. 13, there is a very interesting clinical lecture by Professor N. V. Sklifosovsky, of Moscow, on a case of idiopathic aneurism of the right orbit in a male non-syphilitic patient, aged 45, of moderately alcoholic habits with chronic arteritis. All symptoms of the aneurism, viz.: pulsating exophthalmos, œdema of the lids, dimness of vision, headache and earache, noise in the head, had been developed quite suddenly, no history of injury having been obtained. On examination of the patient, about six weeks later, there were found, in addition to the above symptoms, total loss of vision, insensibility and opacity of the cornea, dilatation and immobility of the pupil, anæsthesia of the lids and right half of the forehead, complete immobility of the eyeball, pulsation on pressure of the latter, blowing noise (like that of a pair of slowly working bellows) heard over the right eyeball and the corresponding temporal, parietal, and occipital regions, and disappearance of the subjective noises on compression of the right carotid at the level of the cricoid cartilage. The author diagnosed rupture of the atheromatous right internal carotid within the cavernous sinus, under the influence of some accidental increase of arterial tension. After the failure of seven days' treatment by compression of the carotid (ten minutes every hour), and low diet, the artery was tied at the level of the cricoid cartilage. Four weeks later the state of the patient was found satisfactory; the opacity of the cornea, the œdema of the lids, and the exophthalmos had disappeared almost completely; the eyeball became movable (abduction, however, was paretic); cutaneous sensibility was restored, and headache had ceased. The loss of vision, however, remained as entire as before the operation. Within five days after the ligature, there began to be developed a cataract of the right lens.—*Med. and Surg. Rep.*, July 21.

SEVERE HÆMORRHAGE AFTER TOOTH-EXTRACTION TREATED BY TRANSFUSION.

The *Revue Odontologique* contains an interesting account of a case of almost fatal hemorrhage after tooth-extraction. The patient, a young soldier of twenty-two, with a marked history of hereditary and collateral hæmorrhagic diathesis, was admitted to the Hôtel Dieu, and had some molar roots removed without telling the house surgeon any facts as to his history, and the operation which was performed was followed by profuse hæmorrhage of a dark color, without clots. Next morning plugging with lint and perchloride of iron was tried without permanent effect. On the third day actual cautery was tried at the bottom of the socket, followed by plugging with compressed sponge, the jaws being fixed by a bandage, and ergotine subcutaneously injected. On the fourth and fifth there was no hæmorrhage; injections continued. Next day (the sixth) the bandages, etc., were removed, owing to sloughing and suppuration of the gums, and from the raw surfaces profuse bleeding recurred, and no local measures were effective to arrest it. On the eleventh day the patient was moribund, and it was decided to try transfusion of blood. After plugging the socket again, 100 grammes of blood were transfused into the cephalic vein, with immediate relief to the patient. In three hours the trouble began again and continued till next morning, when, after a second transfusion, the patient began to revive, although an access of syncope nearly proved fatal during the operation. However, the hæmorrhage was stopped, and in six weeks the patient was discharged cured.—*Gaillard's Med. Jour.*, July 7.

OCCLUSION OF THE INFERIOR VENA CAVA.

Dr. F. W. WARREN (*Medical Press*) reports a case in which the inferior cava was completely occluded by a bean sized calcareous tumor, growing by a narrow pedicle from the great Eustachian valve. It completely obstructed the vein at the caval opening of the diaphragm, and was adherent to its lining membrane. The specimen was taken from a twenty-two-year-old male who, during life, had both legs, front of the abdomen and anterior aspect of the thorax covered with a close network of varicose veins—the head, neck, and upper extremities being perfectly normal. The patient had had these enlarged veins as long as he could remember, but was otherwise perfectly healthy. He died unexpectedly from perforative peritonitis, due to typhoid fever, and he suffered from œdema of the liver from the onset of the fever. A careful post-mortem examination showed that the principal channels of collateral circulation were as follows: The vena was about the normal size; the superficial compensatory circulation was principally carried on by the superficial deep epigastric veins, with the circumflex iliac veins from below anastomosing with the internal mammary and long thoracic veins from above, the source of blood current being reversed and passing from below upward. Within the cava, just as it opened into the right auricle, the tumor already described was found. The venæ cavæ hepaticæ were not obstructed, as a surgical probe could be passed through them into the right auricle. The tumor evidently commenced as a fibrinous vegetation upon the great Eustachian valve, underwent calcareous degeneration, causing very gradual, finally complete, obstruction of the cava. The tumor was round, small, isolated, and attached by a narrow pedicle to the valve. In Dr. Warren's opinion the tumor was entirely intra-venous in its origin and development.—*Gaillard's Med. Jour.*, June 23.

PULSATING TUMORS OF THE HAND.

Brief extract from a paper by JOHN B. ROBERTS, M. D:—Traumatic aneurism occurs after wounds of the arteries of the palm with comparative frequency; but such a pathological condition of the fingers is very unusual. Martin, however, records 17 cases of traumatic aneurism in 72 instances of wounds of the arteries of the palm. The only case of the kind connected with the fingers, of which I am cognizant, is that reported by Annandale. His patient had a small pulsating tumor, with a distinct thrill, on the ulnar side of the ring finger, following a punctured wound made with a sharp hook. The case passed from observation, uncured, after some weeks' treatment by pressure; whether the pressure was applied to the tumor or to the arteries of the wrist the author does not distinctly state.

Spontaneous aneurism of the palmar or digital arteries is exceedingly rare, and pulsating tumors connected with these vessels are not common.

The treatment of pulsating tumors of the hand is important, because of the disability and pain induced by the presence of the mass, and the possibility of sudden and dangerous hemorrhage.

My rule would be this: *In pulsating tumors of the hand and finger, excision is the preferable mode of treatment, unless the condition is a true aneurism of one of the palmar arches; then compression of the radial and ulnar arteries, at the wrist, and ligation of the same, may be attempted before resort to excision.* I advocate, in aneurism of the arches, ligation of the arteries at the wrist, rather than excision of the tumor; because union by second intention will be the rule after the dissection of excision, whereas the clean cut incisions for ligation will probably heal primarily. Hence, as the probability of ligation curing aneurism of the arches is great, and the two incisions are more quickly repaired than the one in the palm, the method by ligature is to be preferred. In other pulsating tumors excision is better.—*Polyclinic*, July 15.

ARTERIO-VENOUS ANEURISM.

Dr. DUFFEY, of Newberne, reported this case to the N. C. State Med. Soc. :—Seven years ago the patient received an injury to the side of the head just behind the ear. Two years after this she complained of pain, and an irregular, tortuous, pulsating tumor about the size of a turkey's egg had developed in the course of the posterior auricular artery. An operation was proposed, but the woman would not consent to it, and she was then lost sight of for some time. When the aneurism was again examined it was found much enlarged. Both the arteries and veins of the region were enlarged and tortuous. Behind the pinna of the ear and under the integument of its posterior surface was a large pulsating cavity. In front of the tragus was another cavity, not quite so large. This corresponded to the position of the temporal artery. Nearly the whole surface of the pinna was distended and pulsating. The external jugular vein was two to two and one-half inches in circumference.

The woman was informed that it was only a question of time when the tumor would burst, and was instructed to catch and hold the rent until surgical aid could be procured.

On July 2, 1882, the place pained her very much, and the next night the tumor burst. Her husband seized the rent and stopped the bleeding. Dr. Duffey saw her next morning and found that she had lost much blood. The common carotid was tied low down for fear of the upper portion being diseased. During the operation a vein was cut near the jugular and much hemorrhage occurred. This was checked by ligation. The aneurism was now freed from clot, pressure removed, and blood was seen to flow freely from the rent in the sac, although the artery was tied. This was stopped by passing long pins beneath the sac and applying a figure-of-eight suture. Compresses and bandage were put over this and the woman placed in bed.

All went well for a few weeks, when hemorrhage occurred at another point where the wall was very thin. This was stopped as before by means of pins. The wound made in ligating the artery healed well, but after all this, bleeding occurred a third time. Small pieces of compressed sponge were now packed over the surface and around the tumor, and confined by bandage. Over this, and around the head and lower jaw, about five yards of garter elastic were applied, the band being drawn very tightly.

The centre of the tumor was left exposed, and into this thirty minims of persulphate of iron injected. The elastic was removed in about two hours on account of the unbearable pain it produced. The patient did well after this. A little sloughing took place at the point of injection, nothing more. The tumor soon began to shrink, and all that is now left of the old tumor is a small fluid portion which fluctuates, and will require another operation.—*Med. News, June 2.*

LIGATURE OF INTERNAL JUGULAR VEIN.

Dr. MARKOE related to a recent meeting of the New York Surgical Society, a case in which during a deep dissection under the sterno-mastoid muscle for removal of a glandular tumor, he opened the internal jugular vein just opposite the entrance of the lingual and superior thyroid veins. The hemorrhage was very profuse. After checking it by tying the lips of the wound, he dissected the parts carefully, and placed a ligature on the vein above and below the wound, and then cut the vessel across between them to relieve all tension upon the vein. He considered that it was not a safe practice to leave a lateral ligature upon a wounded vein. Dr. Gross's statistics show that secondary hemorrhage is unknown after complete ligature of a vein.—*Louv. Med. News, June 23.*

PATHOGENESIS OF VARICOSE ULCERS.

It is evident enough that varicose ulcers are caused by the presence of varicose veins. But that something further is necessary for their production

is shown by the fact that ulcers are not formed in every case, even of marked varicose veins. This second necessary condition has been supposed, by several observers, to be a neuritis in the affected limb. That this supposition is correct, M. Quinn believes to have demonstrated by examination of the nerves of the member. He states that he has always found a neuritis. This could not have been caused by extension of the inflammation from the neighboring tissues, as the portions of nerve examined were taken at a considerable distance from the ulcer. It could not have been an ascending neuritis, as then the sclerosis would have attacked only those nerves whose distribution corresponded to the seat of the ulceration, which he states was not the case. M. Quinn thinks the neuritis is occasioned by varicose dilatation of the veinules passing from the nerve-trunks. The dilatation is accompanied by phlebitis, and the inflammation is quickly propagated to the nerve-sheaths.—*Jour. de Médecine de Paris.*—*Med. Record.*

RELIEF OF ANASARCA BY ACUPUNCTURE.

Dr. W. C. VAN BIBBER reported (*Balto. Acad. Med.*) the case of a man with excessive ascites and anasarca, resulting from disease of both valves of the heart. Six needles—No. 5—protected by sealing wax on the eye to prevent their possible escape into the tissues, were introduced into the leg, and allowed to remain one-half hour. The discharge of serum was so great in consequence, that six sheets were saturated by it, and at the third visit he could sit in a chair with another person, which before he could hardly get in alone.—*Med. Med. Jour.*, July 14.

HAMAMELIS IN VARICOSE VEINS.

Dr. J. H. MUSSER has procured good results in a number of cases of varicose veins from the use of fluid extract of hamamelis in teaspoonful doses.—*Med. and Surg. Rep.*, June 2.

ALIMENTARY ORGANS.

HYGROMA OF TONGUE.

Dr. GERSTER, New York Surgical Society, presented a specimen of congenital hygroma of the base of the tongue, removed from a girl thirteen or fourteen years of age. This cystic swelling was noticed quite early in life. The child was presented to him by Dr. F. Serr. He found a tumor, of the size of a rather large English walnut, occupying the most posterior portion on the left side of the tongue, extending about two-thirds the length of the tongue forward, and reaching posteriorly to the anterior pillar of the fauces. By a puncture and examination of the contents, he diagnosed hygroma. Finding that the empty sac had rather thick walls, and recollecting that he had had an unsatisfactory experience in treating these tumors by any of the methods commonly employed, he decided to lose no time, but to attack the growth and remove it entirely. He first ligated the lingual artery; he then held the mouth open by the use of Whitehead's speculum; a fillet was thrown through the base of the tongue, and with this the organ was pulled well forward. The tumor was then exposed by an incision carried along the edge of the tongue, and the sac excised by means of the forceps and a pair of scissors. The hemorrhage was so very slight that the excision could be performed rapidly. The cavity was mopped out with a five per cent. solution of carbolic acid, and the edges of the wound were stitched together with

very fine silk. He carried the incision along the edge of the tongue purposely, in order to bring it into the portion of the oral cavity where the dressing could be retained without difficulty. A piece of gauze, powdered with iodoform, was placed between the tongue and gums opposite the line of incision, and it was retained in that situation for thirty-six hours. When it was cast out, the wound was found without irritation, and united. Likewise did the deligation wound heal by first intention. The subsequent progress of the case was very favorable, and the child was dismissed from the hospital cured on the fifth day. He thought that complete extirpation of these growths was the most advisable method of treatment, especially for dermoid cysts which occasionally grow in this locality.—*Medical News*.

TUBERCULAR ULCER OF SOFT PALATE.

Dr. PAUL GUTTMANN has recently (*Deut. Med. Wochenschr.*) found the *bacillus tuberculosis* in two cases of tubercular ulcer of the soft palate. This rare affection, including tuberculosis of adjacent parts, hard palate, root of the tongue, and pharynx—collectively known as pharyngeal tuberculosis—occurs, in his experience, in about one per cent. of cases of phthisis. Beginning in characteristic pin-head sized miliary tubercles, these quickly caseate in from two to three weeks, and the confluent tubercles break down into tubercular lintel-sized ulcers, which again unite to form somewhat larger ulcers.

The bacilli were found in enormous numbers in the secretion scraped from the surface of the ulcers and treated in the usual manner—in the one instance before the patient's death, and in the second, afterward. In the latter they were also found in thin sections through the soft palate, but they were not numerous.

Since tuberculosis of the soft palate is always secondary, and only occurs late in phthisis, Guttman is inclined to believe it is the result of inoculation by the bacilli in the expectorated phthisical sputa adhering to the soft parts. Such adhesion and inoculation are of course facilitated by excoriation of the epithelium.—*Med. News*, June 30.

OPERATIVE TREATMENT OF CANCER OF THE TONGUE.

The steps of BILLROTH's method are as follows: Both lingual arteries are first ligatured; the mouth is then kept open by a speculum, and all diseased teeth opposite the ulceration are extracted. The gum is next separated from the inside of the lower jaw with the raspatory. Excision of the floor of the mouth is then effected by means of scissors and forceps. The bleeding points are ligatured, and the tongue, being drawn forward, is finally extirpated. After the separation of the organ, permanganate of potash, either in powder or in watery solution, is applied to the wounded surface, and a drainage-tube, of the thickness of a finger, is inserted through the floor of the mouth. Through this the various discharges escape, and diphtheria of the mouth, cervical phlegmon, and broncho-pneumonia do not occur in such cases when properly drained. The patients are fed by means of a stomach-tube, until the drainage opening has quite closed.

The proceeding is not so severe as the method of Langenbeck and of Regnoli and Czerny; and the immediate results of the operation are more favorable than by any other plan, viz.: 84.2 per cent. of recoveries. The deaths were caused by septicæmia (acute or chronic) or by pyæmia. In seventy-one cases ten radical cures have been obtained (14 per cent.) by Prof. Billroth; while in 873 instances of mammary excision, only fifteen radical cures have resulted.—*Lon. Med. Rec.*—*Can. Pract.*, July.

VERTICAL CARIES AND PERFORATION OF THE ŒSOPHAGUS.

PENZOLAT records three cases of this rare affection, in one of which the complication was recognized during life. In the first, during life the signs of pulmonary and intestinal tuberculosis were recognized. The autopsy showed caries of the fifth and sixth cervical vertebræ, with perforation of the œsophagus at the level of the fifth. Second, Compression of the cord following vertebral caries, with symptoms of paralysis toward the end of life. The autopsy showed caries of the first four dorsal vertebræ, with an opening into the œsophagus almost one-half inch long. Third, Male, æt. 53, phthisical. Caries of the first dorsal vertebræ. No symptoms of compression. The opening in the œsophagus was diagnosticated by the expulsion of a large quantity of muco-sanguinolent material, strongly contrasted with the rare purulent expectoration of the preceding days. Violent cervical pain; deglutition impossible; tumefaction of the posterior wall of the pharynx. Autopsy showed caries of the first four dorsal vertebræ, with a perforation at the situation of the first.—*L'Union Méd.*—*Med. News.*

COLD ABSCESS OF THE TONGUE.

A woman, aged thirty-five, presented herself with a swelling on the right side of the tongue (*France Médicale*). The tumor was the size of a walnut, soft and fluctuating, and not painful on pressure or manipulation. It had appeared without known cause four months previously, had attained its present size in one month, and then remained stationary. The patient's general health was excellent. Dr. De Brun incised the tumor and gave exit to a quantity of thin pus. The sac was dissected away, and the wound closed with sutures. Union was complete in a few days.—*Med. Review*, June 9.

TO REMOVE FISH-BONES FROM THE THROAT.

To remove fish-bones from the throat, Prof. VOLTOLINI, at Breslau, recommends a gargle composed of muriatic acid, 4 parts; nitric acid, 1 part; and water, 240 parts. The teeth have to be protected by lard or oil. The fish-bones become flexible, and they disappear entirely after a short time.—*Med. and Surg. Rep.*, July 21.

CANCER OF THE PANCREAS, ACCOMPANIED BY PHLEGMASIA DOLENS.

Dr. L. CANE, in the *British Medical Journal*, reports the case of a clergyman, aged fifty-nine, who consulted him for dyspeptic symptoms, and said his friends had noticed he had not been looking well for some months. A few days after this he complained of pain in the right calf, and there was slight swelling of the leg and tenderness along the inner side of the leg and ankle. Two or three days after the right leg became similarly affected, and it was found that the right saphenous vein was plugged. A careful examination was made to ascertain the cause of the phlegmasia dolens; cancer was suspected, but no evidence of its existence was detected. Three months afterward the patient gradually became aphasic; he could write, but not spell correctly. A few days after this it was noticed that gradual paralysis of the right arm and right side of the face was coming on. It was not until six months after the patient was first seen that any tumor was detected, but when emaciation had become marked, Dr. Cane detected on the left side a flat, irregular mass, apparently adherent to the spine. The patient rapidly grew weaker, and died unable to make any mental effort, but apparently conscious.

At the *post-mortem* examination it was found that a large irregular mass occupied the place of the pancreas, extending downward about four inches. A number of cancerous glands, joined into one mass, surrounded the aorta and vena cava. The case, says Dr. Cane, illustrates remarkably the statements of Trousseau on phlegmasia alba dolens, that frequently the presence of phlegmasia dolens serves as a valuable aid in diagnosing the existence of deep-seated visceral cancer, in which there is no appreciable tumor.—*Med. Record, June 2.*

CANCER OF THE PANCREAS.

While he does not consider them sufficiently distinctive to warrant a diagnosis, yet Dr. Alois Biach, in *Wiener Med. Presse*, February 11, 1883, gives the following as the symptoms usually observed in cancer of the pancreas:

1. Pain; 2, various dyspeptic disturbances; 3, pancreatic salivation; 4, pancreatic diarrhoea; 5, fatty diarrhoea; 6, the so-called "lipuria;" 7, the presence of a tumor in the epigastrium, which occasionally pulsates; 8, bronze coloration of the skin in occasional cases.—*Med. and Surg. Rep., June 9.*

EXTIRPATION OF THE SPLEEN.

ALBERT BLUM gives a tabulated list of splenectomies for wound or hernia of that viscus, dating from 1581 to 1874, all the patients having recovered. To this is added Credé's list of thirty cases of removal for splenic tumor, from 1549 to 1874, with six recoveries. In the latter table every patient who had leucæmia died. Of the recoveries, two were cases of cyst, and four of hypertrophy of the spleen. Extirpation of the spleen, as shown by Credé, Martin, Czerny, and others, is always followed by an increase in the number of white-blood globules, a fact which confirms the physiological theory that the office of the spleen is to transform the white globules into red. After a time, however, the white globules return to the normal proportion, the thyroid gland seeming to take upon itself the functions of the spleen.

Blum draws the following conclusion: 1. When there is a hernia of the spleen, due to a wound, the surgeon is authorized in cutting off the hernial protrusion. All the observations regarding this operation show its benignity and its termination by recovery. 2. Extirpation is contra-indicated in cancer or hypertrophy, either from hepatic or paludal causes. The results of operation in these cases are very bad. 3. Cysts of the spleen are curable by easier and less dangerous means than extirpation of the organ. 4. Extirpation may be indicated in cases of movable spleen if the accidents are serious. In these cases it is relatively easy. 5. It may be affirmed to-day that splenectomy is practicable in man without altering the conditions of health; the operation is only exceptionally indicated. It is difficult to bring it to a safe termination, and there are great chances that it may terminate rapidly in death either by hemorrhage or shock.—*Archives Gén. de Méd., June 18, 1883.* —*Med. News, July 7.*

HEPATIC ABSCESS.

It would seem that abscess of the liver may be considered as somewhat more common than is ordinarily supposed, and that our attention should therefore, be more frequently directed in this channel, when we have to do with vague, ill-defined and marked symptoms of hepatic derangement.

An accurate diagnosis from physical signs is by no means an easy task, but happily we have in the exploring needle a crucial test, when we otherwise have good reason to apprehend purulent accumulation. Dr. Joseph Fayrer recently read a valuable paper on the subject of "Abscess of the Liver" before the Medical Society of London.

He traces a causative relation in many cases between dysentery and hepatic abscess, the absorption of pus or septic matter from the ulcerated bowel acting as the cause, and he advocates exploration to ascertain the presence of pus, early evacuation whenever it can be got at, and early and free opening; drainage, and antiseptic dressing whenever practicable.—*Med. and Surg. Rep.*, June 23.

FUNGUS HÆMATODES ATTACHED TO THE WHOLE POSTERIOR SURFACE OF THE LIVER.

FRANCIS WARDROPER, M.R.C.S.L., Lexington, Ky., writes:—In the year 1856, when a resident of Alabama, I was called to see Mrs. McArthur, of Wilcox county, together with Dr. Matheson of Camden. She showed great cachexia; on examination, the liver was found to be enormously enlarged, smooth, free from tenderness, and nothing but a simple hypertrophy of it. It occupied the right hypochondriac and umbilical regions, the epigastric, and part of the middle umbilical; after a few weeks a fluctuating tumor protruded in the middle umbilical region; its position was adverse to that of its being the gall-bladder, but the rapid increase of its growth with the constitutional symptoms indicating malignant disease. The case was diagnosed as one of fungus hæmatodes, and she was literally sapped of life by its increase in a very short time after she was first seen. She had always been of a cachectic appearance or for two years, but never sick or in bed. She suffered no pain or distress from the disease excepting a most distressing sickness of stomach, and inability to take any nourishment, which symptoms gradually crept on her. The discharges from the bowels were invariably black. The post-mortem verified the diagnosis.—*Cin. Lancet and Clinic*.

INTESTINAL OBSTRUCTION CURED BY CAPILLARY ENTERO-PUNCTURE.

Dr. GIULIO DOZZI (*Gazz. Med. Ital. Prov. Venete*), relates the case of an old woman, aged seventy, who, after eating a large quantity of watermelon and swallowing the seeds, suffered from obstruction of the bowels. Purgatives and injections had been tried with no relief. The meteorism was enormous. He determined to try entero-puncture, using trocar No. 2 of Dieulafoy's aspirator. Foul punctures were made, to in the right iliac region, the third in the left upper fourth, and the fourth in the left lower fourth. From three punctures issued an immense quantity of gas; from the fourth no gas, the trocar being plugged with faecal matter. A dose of oil given the same evening procured four copious evacuations, and the patient made a good recovery. One of the punctures gave rise to a small abscess. In this case peristaltic action was evidently prevented by the enormous quantity of gas, arising from the decomposition of the retained faeces.—*London Med. Rec.*—*Gaillard's M. J.*, June 9.

UMBILICAL EPITHELIOMA.

At the Société de Chirurgie, Paris, M. DESPRÉS communicated the case of a woman of sixty-five upon whom he operated for an epithelioma of the umbilicus. (*The Medical Press*, April.) He circumscribed the tumor by two semi-circular incisions; not only was the peritoneum attacked but also the epiploon, parts of which had to be removed. The tumor extirpated, he plugged the wound with the epiploon, replacing the cancer by an epiplocele. The patient left the hospital in a fortnight, cured. M. Nicaise said he did the same operation for a fibrous tumor of the umbilicus, in which he had also to open the peritoneum, but the patient had a good recovery.—*Louv. Med. News*.

INTESTINAL POLYPI.

At a meeting of the Pathological Society of London (*Med. Times and Gaz.*) Mr. Bowlby exhibited three specimens of intestinal polypi illustrating different varieties of the same. 1. In a man, aged 64, who had had no bowel symptoms, were found diffuse polypoid growths throughout the colon, commencing just above the ileo-cæcal valve, and in both mucous and sub-mucous tissues. 2. A polyp was removed from the rectum of a girl of twenty-four, who had no intestinal symptoms but slight constipation. After removal and escape of some of its fluid it weighed nearly two pounds. 3. A polyp of the small intestine removed from a child of five years. The child was seized with severe pain, next day passed blood by the bowels, and after that mucous. After ten days a mass presented at the anus, which came away, and part of it was recognized as vermiform appendix. She recovered, but died some months later of congenital syphilis and peritonitis. A polyp was found in small intestine only eight inches from anus, the colon and cæcum having disappeared by sloughing. A short distance below the polyp was an annular cicatrix, showing junction of ileum and rectum.—*Medical Review*.

TREATMENT OF FISTULA IN ANO.

During a discussion at the Société de Chirurgie in October last, on a paper communicated by Dr. Queirel, of Marseilles, M. Verneuil argued that the elastic ligature—though probably suitable in cases of small anal fistula, without diverticula or undermining—had no advantages over the thermo-cautery, by which the division could be rapidly effected. The bistoury, he holds, ought to be abandoned in the treatment of anal fistula, as it exposes the patient to the risks of hemorrhage and erysipelas. The thermo-cautery never causes primary, and is rarely followed by secondary hemorrhage. In the use of the ligature, the patient is not free from the risk of secondary hemorrhage. Relapse is to be feared in one or other of two different conditions. Most frequently it occurs as a consequence of an incomplete operation. In phthisical subjects relapse takes place, no matter what method has been employed. With the ligature the operation is likely to be incomplete; for, in order to remove the fistula, it is necessary to follow all its prolongations. If each of these be treated by a ligature, the operation becomes more complicated than an application of the thermo-cautery. One of the disadvantages of the ligature is the plan to which it gives rise. A young woman to whom Verneuil applied a ligature for the treatment of fistula, after three nights of insomnia through intense pain, died ten days later from pneumonia. M. Verneuil thinks that patients as a rule are not able to follow their occupations during the treatment by ligature; besides, he would not under any circumstances permit any patient to move about for some days during such treatment. In a diabetic patient, M. Verneuil would prefer the use of the actual cautery to that of the bistoury or of the ligature. The ligature, it is held, is impracticable in many cases in which the fistula is long and the walls are thick, and when there are many prolongations. It will, of course, be preferred by timid subjects, but in employing the thermo-cautery the surgeon can always use chloroform.—*London Med. Record*.—*Med. News*.

NÆVUS OF RECTUM.

A Case of Nævus of the Rectum was reported to the Royal Medical and Chirurgical Society by Mr. E. J. Barker (*London Lancet*). The earliest symptom of the disease was an attack of diarrhœa. The patient usually suffered from constipation, and was obliged to strain much during defecation. This condition alternated with attacks of diarrhœa, which were always accompanied by profuse hemorrhage. There was no pain, no loss of flesh,

and no particular discharge from the rectum, except during the attacks of bleeding. An examination, made under chloroform, by means of a strong light thrown up the bowel by a forehead mirror through a large vaginal speculum, showed the mucous membrane to be marked by smooth longitudinal folds, mottled with a peculiar purplish tint. On these purplish folds three shallow ulcers were seen, which bled freely. In spite of all treatment the patient died from loss of blood. The post-mortem showed the lower four and a half inches of the rectum thickened by nævoid growth in the walls, on the rugæ of which were the three shallow ulcers.—*Med. Review*.

NEW OPERATION FOR PROLAPSUS RECTI.

From *Il Morgagni* we learn that Dr. D'ANTONA has performed with success the following operation on a woman: Seizing the prolapse with four Billroth's pincettes, and forming thus two cylinders of the rectal canal, he introduced one catgut suture into both cylinders and then into the margin of the anus. Another suture is passed through the middle part of one cylinder, carried through the Douglas sac, and the perirectal tissue, returning to the other cylinder. The patient is discharged, cured in fifteen days.—*Med. and Surg. Rep.*, July 21.

RADICAL CURE OF HEMORRHOIDS.—ELASTIC LIGATURE.

SCARENZIO recommends (*Rendiconti del Regio Ist Lomb.*, 1883,) the elastic ligature in preference to all other and more complicated methods, as being the safest and most effectual for the removal and radical cure of hemorrhoids. Its gradual action allows time for the formation of a firm clot in the veins, and the mass separates after two or three days, leaving a simple cicatrizing wound. The pain caused is trifling, and only lasts a short time. He has operated often by this method, and has never seen any bad effects to follow.—*Cin. Lan. and Clin.*, June 16.

URINARY AND GENERATIVE ORGANS.

TRAUMATIC DIABETES INSIPIDUS.

Dr. STATTEN records (*Centralbl. für die Med. Wiss.*, February 3d,) the case of a man who received a wound on the side of his neck and the back of his head. Transitory unconsciousness and double vision occurred, and subsequently deafness on the side of the injury, the left, with total paralysis of the rectus externus on the same, and partial paresis of the same muscle on the opposite side. On the left side hearing was lost in the external meatus, but the ticking of a watch applied to the side of the head was audible. The urine, which amounted to twelve litres daily, was free from albumen and sugar. The treatment, free administration of iodide of potassium, was attended by notable reduction in the quantity of urine. The author supposes the injury to have consisted in destruction of the root of the left abducens nerve, probably with hemorrhagic cyst, and refers to cases in which this pathogeny has been recorded.—*Med. Record*, June 2.

FLOATING KIDNEY.—FIXATION.

Dr. DAVID NEWMAN, of Glasgow, has recently performed the operation of nephroraphy. The operation was done in the following manner: The kidney was exposed by a vertical incision in the right loin, immediately external to

the outer edge of the quadratus lumborum, and extending from the lowermost rib to the crest of the ilium; the capsule of the kidney was opened, and stitched to the edges of the wound; and two catgut sutures were passed through the cortex of the kidney, the muscles, fascia, and skin, and secured externally by buttons. The patient suffered from severe symptoms, and was treated for several years without success. Since the operation the symptoms have entirely disappeared, and she has now almost recovered from the effects of the operation, which was performed three weeks ago.—*British Med. Jour.*—*Med. Record*, June 9.

NEPHRECTOMY.

Dr. J. KNOWSLEY THORNTON reports three successful cases in the *Lancet*. He concludes his report by saying:

“The three cases taken together seem to me to demonstrate the advantage of the lateral over the median incision. The perfect suitability of the abdominal operation to all cases in which nephrectomy and not mere nephrotomy is the end aimed at; the capability of the peritoneum to dispose of large quantities of effused fluid under aseptic conditions, without the aid of the drainage tube, and from the absorption of the effused fluids, even after the removal of such an important eliminator as the kidney. The great differences in the ages of the patients, seven, twenty-six, and fifty-eight, and the varying diseases for which the operations were performed, make the records of especial value. The operation of Langenbeck with the extra-peritoneal treatment of the bladder end of the ureter, seems so surgically perfect, that I can not conceive any case presenting itself in which I should care in the future to face the difficulties and uncertainties of the loin incision. Indeed, I should be inclined to recommend an exploratory incision by the lateral abdominal section, with careful Listerian precautions, in any case in which it was of importance to thoroughly examine the kidney and ureter.”—*Med. and Surg. Rep.*, June 23.

INJURIES OF THE TESTICLE.

Dr. ARTEAGA, in a recent thesis, lays down some important precepts for the treatment of wounds of the testicle. Traction should not be made upon any filaments of tissue of the surface of the wound, or the testicle may be completely emptied, as happened in a case reported by J. L. Petit. In case of an incised wound of the albuginea, several points of interrupted suture may be employed. When the testicle has been crushed, we should not be in a hurry to remove it, as it may recover; if the scrotum is torn and the testicle is exposed, it should be cleansed from any foreign bodies and restored to the scrotum. In cases where there has been loss of a portion of the testicle, whether by the original injury or by sphacelus, the testicle should be retained, although atrophy may follow. This point cannot be too strongly insisted upon. The organ should be preserved whenever possible, although it subsequently atrophies, for it is better to leave the man with the conviction that his genital organs are in a perfect state of integrity than to expose him to the danger of falling into a state of melancholy which might exert an unfortunate influence upon his general health.—*Revue de Thérap.*—*Med. Times*.

CHYLOCELE OF THE TUNICA VAGINALIS.

Dr. WM. M. MASTIN, of Mobile, reports a case in the *Annals of Anatomy and Surgery* for May, 1883. He considers the morbid condition much less infrequent than either the literature or the numbers of the recorded cases would suggest, and believes that a more careful examination of many so-called cases of hydrocele will substantiate this statement. The treatment he advises is free incision into the sac and ligation of the ruptured and leaking duct.—*Med. and Surg. Rep.*

INDURATION OF THE CORPUS CAVERNOSUM OF THE PENIS.

Several cases of hardness occurring along the corpus cavernosum and limiting erection are reported by M. Verneuil in *Bull. et Mem. de la Soc. de Chirurg. de Paris*. It is due to syphilis and gout, and all treatment has proved unavailing in his hands.—*Med. and Surg. Rep.*, July 28.

CONDYLOMATA OF THE PENIS.

When flat condylomata appear on the penis, Nussbaum recommends washing them twice a day with salt water and subsequently dusting the surface with calomel. No pain attends this treatment, and the patients continue their ordinary occupations.—*Med. Zeitung*.—*Med. Times*.

CHORDEE.

The following prescription has very often been effectual in the hands of M. Mauriac, in the Hospital des Veneriens:

R. Syr. digitalis (fr. cod.), syr. morphinæ (fr. cod.) aa $\frac{3}{4}$ iss; kalii bromid., 3 v. M. Tablespoonful every evening at bedtime.

Or a suppository as follows:—R. Chloral hydrat., gr. xx; ol. theobromæ, q. s. M. For one suppository.

Or the following injection, recommended by Cambillard:—R. Kalii bromid., 3 iss; tr. opii, 3 ss; glycerinæ, $\frac{3}{4}$ ss; aq. distill., $\frac{3}{4}$ v. M. Sig. 4 injections daily.—*Med. and Surg. Rep.*, June 16.

PAPILLO-SARCOMA OF THE PENIS; ENUCLEATION AND PLASTIC REPAIR.

Dr. A. G. GERSTER presented to the N. Y. Soc. Germ. Phys. a case of marked development of papilloma of the penis. The patient was a man thirty-two years of age, whose prepuce was very redundant, and had, in consequence, become the seat of a crop of venereal warts. Rather irritant treatment at the hands of the patient's former medical attendant had caused the growth to spread very rapidly, and it had involved not only the entire prepuce, the larger portion of the surface of the glans, and the sheath of the penis, but even invaded the corpora cavernosa, the process also assuming a sarcomatous character. The crest of the prepuce showed an excoriation of the size of a dime, from the base of which sprang red, cauliflower-like fungosities which bled very readily. The more superficial portions of the neoplasm did not differ from ordinary papillomas in nature, but the deeper structures, forming the base, were anæmic, tough, and fibro-sarcomatous in structure, and adherent to the subjacent tissues. Amputation of the penis had originally been decided upon, with the consent of the patient, but the speaker had finally concluded to attempt an enucleation of the diseased structures, a proceeding that was readily accomplished with the aid of the fingers and scissors, but not without considerable hæmorrhage from the glans and the corpora cavernosa. The latter had forfeited quite a portion of their fibrous investment. The resulting wound surfaces were then freely seared with Paquelin's thermo-cautery, which also promptly controlled the hæmorrhage, and the denuded penis was supplied with a new investment from the integument of the scrotum, which had been slit, along the raphe, as far as its most dependent point. The anterior margins of the scrotal flaps were secured to the stump of the glans, the posterior being brought together along the dorsum of the penis; in all, twenty-five catgut sutures had been applied. Primary union was obtained at all points, excepting to the extent of about $1\frac{1}{2}$ cm. on the dorsum of the penis, where a small tract of the fibrous

envelope of the right corpus cavernosum had sloughed. The organ had preserved its erectile capacity, although it had diminished in circumference through the loss of substance from the corpora cavernosa, and its line of projection was equally satisfactory. Dr. Gerster proposed to complete the operation, and to restore to the organ its natural shape, by making a cross incision into the fold of scrotum depending from the body of the penis, and then reuniting the lips by vertical suture.—*N. Y. Med. Jour.*, July 28.

CYSTOTOMY BY A MODIFIED LATERAL METHOD IN CERTAIN CASES OF ENLARGED PROSTATE.

Mr. REGINALD HARRISON says, in reference to cystotomy, that "the selection of a method for opening the bladder should have reference only to the object to be attained, or the contingencies that may arise. If, for instance, we desire merely to introduce the finger into it, as a preliminary to extracting a small stone, the median operation answers perfectly; whilst if a larger stone, or an unknown quantity of anything, has to be dealt with, the lateral incision will, as a rule, be preferable.

"It has been advanced by those who favor the median incision, which is practically a urethrotomy, that it is both simple and safe; its admitted disadvantage lies in the comparatively small space it provides for manipulating and extracting; whilst, on the other hand, the lateral incision, though affording more room, is considered to be attended with an increased risk and a greater degree of difficulty, so far as its performance is concerned. The median operation need not necessarily involve anything more than the opening of the membranous urethra. The completed lateral operation further includes the division of structures constituting the neck of the bladder; and it is to this part of the proceeding that any increased risk or difficulty is to be attached.

"A little reflection shows that it is possible to closely assimilate the lateral with the median operation, that is to say, to dispense with the incision, not to the staff, but along the staff, should it be found, on exploration with the finger, that the additional room which the latter part provides is unnecessary for the object in view. It need hardly be said that this modification of the lateral method, where it is found, on digital exploration, to be feasible, frees the operator from executing the only portion of the operation to which any increased risk is attached; whilst, on the other hand, he has the consciousness that, should it turn out to be necessary, he can, by the completion of the deep incision along the staff, avail himself of all the advantages which are conceded by surgeons to the lateral method of opening the bladder." Mr. Harrison illustrates his method by the description of a case.—*British Med. Jour.*—*Med. Times*, July 14.

URETHRAL CALCULUS.

In the *Cinn. Lan. and Clin.*, Dr. A. L. KNIGHT, of West Columbia, West Va., reports the following case:

About the 1st of January last, a young gentleman, aged twenty-one years, presented himself for examination and treatment. He said that "his third stone was in the way of making water." On examination I found an indurated tumor lying just anterior to the scrotum, corresponding in size to his testes. It appeared to be attached to the lateral and inferior portions of the urethra. I diagnosed it a fibroid and proposed to remove it. The young man not being prepared for an operation, I directed him to show it to Dr. C. R. Reed, of Middleport, O., who confirmed my diagnosis, and the patient returned in a few days for an operation. We cut and found an oval-shaped urethral calculus, weighing grs. lxx., being one inch in its long and one-half inch in its short diameter.

The stone was enveloped in a very thick sack, which was simply divided and the stone extracted, leaving a fistulous opening from the urethra, nearly

equal in diameter to the calculus, which I filled with charpie, saturated with iodoform, at the first dressing.

On the third day after the operation the following was applied: *R.* Ac. boracic, ac. carbolic, \mathfrak{ss} gr. iv.; vaseline, \mathfrak{z} j. *M.* ft. ung., for twelve days, when he began to urinate in the natural way and the cut wound was entirely healed. But there still remained an induration beneath the integument, consisting, as I think, of the only partially absorbed sack. Would it not have been better had I dissected out the sack down to the margin of the urethra? The only after-treatment was for the relief of a stricture situated below the seat of the stone. With the exception of the induration, which, however, gave him no inconvenience, he was discharged well in three weeks.

How came the gravel to grow in that location? I treated him, when a child three years of age, for cystic calculi.

I forgot to mention that, notwithstanding the calculus communicated with the urethra, it was not struck by the catheter on its introduction.

A similar case may fall to others; let them have the benefit of my blunders.—*Med. and Surg. Rep.*, July 21.

HYDRAULIC METHOD OF OVERCOMING URETHRAL STRICTURE.

M. GAURON in some nearly impassable strictures by means of a funnel, a yard of rubber tubing and an elastic catheter, with hot water, succeeds in getting a sound into the bladder. The implements being joined together and filled with hot water, the patient lying in bed, and the funnel raised about a yard above the mattress, the oiled catheter is passed as far as the seat of the stricture. The penis is lightly compressed in order to prevent regurgitation of the water, and the sound held in contact with the stricture. Hot water is poured into the funnel, and the column of liquid is maintained to press upon the stricture for three-quarters or an hour. When withdrawing the sound leave the urethra full of water, then immediately endeavor to pass an ordinary sound. In most cases it will pass at once, and may be left.—*Can. Pract.*, July.

HYDRASTIS IN GONORRHOEA.

Dr. A. W. BIXBEY reports several cases of gonorrhœa, in the *Amer. Med. Jour.*, treated chiefly by hydrastis. One of the injections suggested is: *R.* Hydrastis sulphatis, gr. x.; glycerinæ, \mathfrak{z} i.; aquæ destillat, \mathfrak{z} iij. *M.* Use by injection every three hours.—*Gaillard's Med. Jour.*

SYPHILITIC AFFECTIONS.

SYPHILIS IN THE NINTH CENTURY.

The Chinese are first in everything; the Japanese press them hard, and in the matter of syphilis, seem to have precedence. Between the years A. D. 806 and 810, says the *British Medical Journal*, an emperor of Japan commanded his court physicians, Abemanas and Idzumo Kirotsada, to collect in one volume all extant records of native medicine and surgery. A manuscript copy of this work, for centuries forgotten, although the facts of its origin were recorded in Japanese history, was found in 1827 by a priest, in a provincial Buddhist temple. Dr. Scheube, of Leipzig, has recently examined this work, and, in an article published in a recent number of *Virchow's Archiv*, has shown its undoubted authenticity and its high value from a purely scientific point of view. It was written long before Chinese ideas

had penetrated into Japan and influenced native practitioners. The most interesting passages are descriptions of local and general affections, which clearly prove that syphilis, and several allied disorders, were well known to the ancient Japanese. Chancroid and phagedenic chancre are clearly described, as well as a "swelling on the penis, of the size of a millet-seed," followed by eruptions, feverishness, pains in the bones and head, blindness, swelling of the testicles, and other very familiar symptoms. These were observed to continue for many years. The passages of this work, called the "Daidorui Thiu-ho," which relate to the treatment of these symptoms, have not yet been translated into English. Herbs alone appear to have been used, and without much success; mercurial treatment was introduced at a comparatively recent date, from Europe. The ancient Japanese surgeons do not appear to have recognized the venereal origin of the disease which they describe, although the "Daidorui" distinctly traces all the secondary symptoms to "the poison from the affected organ."—*Med. Record*, July 7.

SYPHILITIC CONTAGION.

C. H. F. ROUTH, in *London Medical Press*, says: By this excessive contagion of syphilis, we can, in a measure, understand that a woman should disease a man by her secretions, although no sore of any kind can be found in the sexual organs. This is the definite opinion of most observers, notably Mr. Henry Lee, Dr. Drysdale, Dr. Graves, of Dublin, and French authors. Mr. Lee goes so far as to say that more than half the cases of syphilis which occur in men are due to contagion from women in such condition. Dr. Graves proved it incontestably by inoculation from a woman who had been cured of all primary symptoms for over three months. Moreover, inoculation has verified the asseveration over and over again, and now that secondary symptoms are admitted to be contagious (a fact so long denied by Ricord) this cannot be said to be unlikely. But Mr. Fournier extends this contagion to a period of three or four years, during the whole time of which the patient should be medically treated before a marriage could be safely concluded. I suppose also that it will be admitted that the same woman may at different periods (especially immediately before and after the catamenia, and whenever there is any admixture of blood in her secretions) convey not only more certainly but more severely syphilis, the blood of truly syphilitic persons being particularly infectious.—*Louv. Med. News*, June 23.

SYPHILIS AND RACHITISM.

At a recent séance of the *Soc. de Chirurgie*, M. PARROT, at the request of M. Verneuil, laid before the society the results of his researches on the near connection binding together these two morbid conditions. Rachitism is the product of syphilis; but syphilis, before arriving at the period when the lesions of rachitism are found, has passed through many intermediary stages, or phases of transition. To determine the syphilitic origin of rachitic lesions is a very difficult matter; it is very rarely that any information can be demanded on so delicate a subject from the parents, and the criterion of diagnosis must be sought for in the traces of syphilitic disease found in the children themselves.

These signs may be ranged under several categories. First come the syphilides found on the skin of the buttocks, thighs, etc. Secondly, various lesions of the viscera are found at the autopsy. A third means of diagnosis, according to M. Parrot, exists in a species of desquamative syphilide of the tongue. Finally syphilis has a special action on the teeth in these children, inducing special lesions of the teeth during both primary and second dentition.

The varieties of these alterations are numerous, the capsular alteration (alteration en capsule) found on the anterior and posterior surface of the in-

cisors; the transversal grooving and the cuspidian alteration of the molars; in another form the teeth are eroded at their bases. All these lesions are systematic, and are found in the same order; they may persist during the entire period of life, and are under the dependence of inherited syphilis.

Passing to a complete and thorough examination of the visceral lesions and those affecting the bones, M. Parrot gives a description of the bone lesions, which are always identical, polymorphous, and finally constitute the rachitic condition.

They may be found during the last months of the intra-uterine period, and up to the period of second dentition. Three principal types are observed:

The first is constituted by osteophytes; the bones are deformed, and the extremities and diaphysis, though intact, are surrounded by hard and friable masses. The tibia and humerus are principally affected.

The second condition is constituted by a species of gelatiniform atrophy. The diaphysis is often found fractured, and there frequently exists what M. Parrot terms a "syphilitic pseudo-paralysis."

The third type is characterized by the appearance of spongoid tissue, or classic rachitism, the extremities of the long bones are affected, and bending and fractures of the bones are found.

These syphilitic lesions have a very near connection with those found daily at the autopsy of rachitic subjects, and it is impossible, in the presence of such evidence, not to conclude that the causes which induced the first alterations also produced those found in the last period. Authors who have studied rachitis have invoked the most diverse causes to explain its origin.

But these causes, alcoholism of parents, premature or imperfect nursing at breast, enteritis, bad hygienic conditions, etc., are not sufficient of themselves to produce rickets. The presence of a morbid germ, a constitutional defect, which finds in these special causes and the state of debility they induce a soil proper for its development, is necessary for the proper evolution of the rachitic disease. This germ, this constitutional defect, is congenital or hereditary syphilis.—*Med. and Surg. Rep.*

CARDIAC GUMMATA.

An instance of this rare occurrence is reported in the *Lancet*. The patient was brought moribund to the hospital. He had seemed well until a fortnight previously, when he began to complain of faintness and pain in the præcordial region. On his way to his work he suddenly staggered and fell, and was unconscious till death. At the autopsy, the heart weighed thirteen and one-half ounces. The pericardium over the left ventricle was studded with pale yellowish-white elevations; there were also one or two over the right ventricle. The endocardium of the anterior wall of the left ventricle was studded with similar nodules. In the septum was a mass of fibroid tissue extending into the muscular substance, which was permeated by tissue with gummatus characters. The smaller vessels were narrowed by thickening of the intima. The liver had a depressed fibroid scar in the right lobe. The spleen was congested, firm, and adherent to the parietes. The other organs were healthy.—*Med. Record.*

SYPHILITIC LIVER IN A BOY.

Dr. TEISSIER relates the case of a boy, fifteen years of age, who came under his care suffering from ascites; there was also diarrhoea and a slight cough. The diagnosis was made of tuberculosis of the peritoneum, intestines, and lungs. Paracentesis was performed several times and the child was put upon a tonic and diuretic treatment, but he sank rapidly and died. At the autopsy there were no tubercles discoverable in any of the organs or serous membranes. Of all the viscera, the liver alone showed any changes. It was rather small and presented upon its surface yellow nodules, hard as a

stone and covered with a fibrous envelope. This latter sent out white fibrous prolongations, following the course of Glisson's capsule, and giving to the liver a lobulated appearance. Examination, both macroscopical and microscopical, showed the case to be syphilis of the liver, and this was further confirmed by the statement of the parents that the child had acquired "a disease" from his nurse.—*Lyon Méd.—Med. Record, July 28.*

SYPHILIS COMPLICATED WITH MALARIA.

Malaria is not, perhaps, a frequent complication of syphilis in this country, but the treatment employed in such cases by Sigmund will, without any doubt, prove applicable in many cases occurring in our large cities, where the individuals are, to use a common expression, considerably run down.

The essentials of treatment are as follows: 1. Each morning rub into the groins or elsewhere, five grams of mercurial ointment. 2. At bed time the patient will take two pills, prepared according to the following prescription:

R. Ac. arsenious, gr. ij; ferri protochlorid, gr. xv; quiniæ sulph, gr. xlv; ext. gentianæ, q. s. Et. ft. pil. No. 100 of three grains each. Augment progressively the dose from two to six pills.—*Med. and Surg. Rep.*

SYPHILITIC OZÆNA.

ROUGE, of Lausanne, in 1873, devised a means of thoroughly exploring the nasal cavity by raising the upper lip and cartilaginous portion of the nose, which has proved itself superior to that of Lawrence, devised eleven months before, which consists in dissecting up the nose without the lip. Mr. Lucas, in a recent number of the *Lancet*, has reported a case of syphilitic ozæna, with consequent necrosis, in which he resorted to Rouge's operation twice. The boy was nineteen years old, and suffered from a very offensive ozæna, while particles of dead bone were at times discharged. An incision was made through the mucous membrane between the lip and gum, and the lip raised. Continuing the dissection, the nostrils were reached, the cartilages separated from the bones, and the nose and upper lip raised together. The posterior nares being plugged, much dead bone was removed with forceps. The patient did well after the operation, but subsequent exfoliation proved that the diseased bone had not been entirely removed. Accordingly on the ninth day the operation was repeated, a large piece of black, inoffensive bone removed, with several smaller fragments, the lip was again strapped down, and the patient soon discharged, free from all the offensive trouble.—*Medical Review.*

INDURATED CHANCRE BETWEEN THE TOES.

The *London Med. Record* notes that M. LELOIR relates (*Ann. de Derm. et de Syph.*, Nos. 9 and 10, 1882,) the case of a medical student in whom the initial manifestation of syphilis was situated between the second and third toes of the right foot. The patient was suffering from eczematous fissures between the toes, and acknowledged contact of the affected part with the lips of a woman who was afterward found to be suffering from mucous patches of the mouth.—*Med. and Surg. Rep.*

SALICYLIC ACID FOR VENEREAL WARTS AND ULCERS.

Dr. SOLON D. STONE (*Boston M. and S. Jour.*, April 26, 1883,) has had very good results. His method is to fill, or pack, an ulcer with the acid which he keeps constantly applied until there is a healthy granulating surface. For a few minutes following the application of the acid to a raw surface the pain is quite severe, but it soon subsides.—*Med. and Surg. Rep.*, June 2.

SYPHILIZATION BY INSTRUMENTS.

Syphilis has been conveyed by an insufficiently washed speculum, or a vaginal canula, so much so that Dr. Giersing, of Copenhagen, attributes the increase of syphilis in that town to the obligation lately enforced there of examining the women twice a week.—*Med. and Surg. Rep.*, July 14.

BUBO.—ACONITE CO.

Bubo of chancroid is recommended by Dr. KEYES to be treated, for the sake of aborting it, by applying with a camel's-hair brush equal parts of tincture of aconite root and tincture of belladonna several times a day. He objects, reasonably, to all irritating appliances and even to ointments where application involves rubbing in with the fingers. The writer has found the suggestion satisfactory as an aid to treatment, pain and tumefaction speedily subsiding. If the application proves irritating, it may be diluted with water.—*Albany Med. Annals*, June.

AFFECTIONS OF THE EYE.

ARTERIO-VENOUS ANEURYSM IN THE RETINA.

FUCHS (*Arch. of Ophth.*, xii, 1) reports a case, apparently of this nature, in a man, aged twenty-six, who was struck on the right eye by the branch of a tree in October, 1880. There was a small wound at the inner corner of the eye, and the eye was bloodshot for several weeks. Vision was not perceptibly diminished at first, but after six months it began to fail. In 1881 he had $V = \frac{2}{30}$, but soon after he could only count fingers at $\frac{1}{4}$ of a metre eccentrically. Externally, the right eye appeared normal, the media were clear, and the papilla and upper half of the retina were normal. Below these were two large vessels which were very conspicuous. The vein passed almost perpendicularly downward, and the artery, to the outer side of the vein at first, afterward passed over the vein and ran downward and inward. In the first half of its course there were only isolated dilatations; between these it was narrower than normal. The inferior half was distinguished from the superior in that it widened suddenly. Both artery and vein disappeared in a large, somewhat ill-defined disc, which was prominent, covered with blood spots, and very dark. Both artery and vein were of the same dark color, and could only be distinguished from one another by their branches. There was no spontaneous pulsation; a slight pressure made the large vein and a large branch of the artery pulsate. In the round tumor pulsation could not be produced. In the region of the macula lutea there was a white, star-shaped figure, similar to that of Bright's retinitis. In the direction of the continuation of the rays of the star were also white spots. On the inner side of the retina was a band-like figure, which grew narrower as it passed away from the papilla, and at the same time bent downward. It had a silvery reflex, and its color could only be compared to that of those figures which are sometimes found in the region of macula, in *neuritis ex tumore cerebri*. The round spot in which both the large vessels ended seemed to be a spurious aneurysm. The injury must have caused a rupture of both vessels, and a consequent pouring of their blood either into or under the retina. The latter seems the more probable, since the spot was too large to be in the retina itself. The reason why there was not further extravasation of blood in the tissues was because the retina and choroid probably became adherent to each other, and thus acted as a wall of retention.—*N. Y. Med. Jour.*, July 7.

CYANIDE OF MERCURY IN ATROPHY OF THE OPTIC PAPILLA.

GALEZOWSKI maintains that he has often cured atrophy of the optic papilla, syphilitic in origin, by the subcutaneous injection of cyanide of mercury. He employs a solution containing five milligrammes of the cyanide in a gramme of water—about one-twelfth of a grain in fifteen minims. This he injects into the temporal region, daily. If the dose be much increased above this amount, there is danger of inducing an obstinate diarrhoea.

In the course of the discussion on these observations, Rabuteau held that the efficacy of the injection proposed by Galezowski was due to the mercury, and that the cyanogen, so far from contributing to the curative result, was a positive hindrance, because its activity as a poison limited the quantity of mercury which could be administered in this form. Galezowski replied to this in the usual terms. When a practical man's observations are opposed by some scientific statement, he is apt to observe, as Galezowski did to Rabuteau, that no chemical theory is of any value as opposed to practical experience.—*Med. News*, July 7.

CHRONIC TUBERCULAR BLEPHARITIS.

At a meeting of the Société Médicale des Hôpitaux, in February, 1882, Dr. Gérin-Roze presented a patient suffering from pulmonary and laryngeal tuberculosis. The patient had also a granular ulceration of the palpebral conjunctiva, which was pronounced by the speaker to be tubercular. The correctness of this opinion was, however, doubted by several of those present. At a meeting of the same society in December following, Dr. Gérin-Roze announced that the patient was dead, and that a microscopical examination of the conjunctiva had confirmed his diagnosis. The lesion was limited to the mucous membrane, which was infiltrated with young cells and amorphous granules. Several of the sections showed very distinctly the tubercular granulations. They were perfectly round, about the size of the head of a pin, yellowish in color, and composed of granular tissue without giant-cells.—*L'Union Méd.*—*Med. Record*, June 2.

CAVERNOUS ANGIOMATA OF THE ORBIT.

PANAS (*"Archives d'ophtalmologie,"* Jan.-Feb., 1883,) reports two cases of cavernous angiomata of the orbit, one in a young woman of twenty-three, and another in a boy of ten. The first case corroborated the views held of the intramuscular seat of the tumor in the funnel formed by the recti muscles. In this case it was rendered indubitable by the abnormal insertion of the ocular muscles on the surface of the tumor. The eyeball was pushed away, and disorganized by the tumor insinuating itself between the globe and the muscles and closely surrounding the former. The frequent co-existence of a simple periorbital angioma with angioma of the orbit is also confirmed by both cases. The presence of pigmentary elements, mentioned by Horner, is also confirmed by the first case.—*N. Y. Med. Jour.*, July 14.

DEEP ULCERS OF THE CORNEA AND THEIR ANTISEPTIC TREATMENT.

GUAITA finishes papers upon deep ulcers of the cornea and their antiseptic treatment, and arrives at the following conclusions: In perforating ulcers of the cornea, the antiseptic medication by boracic-acid spray and dry salicylated dressings, with an ointment of eserine, produces certain and rapid cures. In ulcers of the cornea, produced by wounds from finger-nails, this medication, with eserine or atropine, gives equally good and sure re-

sults, though not so rapid as in the first class of cases. In the sloughing ulcers of the cornea, antiseptic medication gives good results in a large number of the milder cases. In severe cases, after Saemisch's incision, this treatment hastens cicatrization, and thus aids in preventing the formation of an opaque staphyloma.—*N. Y. Med. Jour.*, July 7.

MYXO-FIBROMA OF THE OPTIC NERVE.

VÉRON (*"Rec. d'ophtal."*) reports a case of this nature in a young man of eighteen years, which had existed for three years. The eye was protruded for about three quarters of its antero-posterior diameter from the orbit, and the eyelids were widely distended. The exophthalmus was outward as well as forward, and the motility of the eye was limited, especially inward and upward. The media were clear, the pupil sensitive. There was a high degree of hypermetropia, and atrophy of the optic disc. On examining the orbit, a tumor could be felt deep under the supraciliary border, which seemed to be cylindrical and to surround the optic nerve. It was resistant, smooth, movable with the eyeball, and not adherent to the orbital walls. There was neither bruit nor pulsation. The eyeball and tumor were enucleated together, and an examination confirmed the diagnosis as to its being a tumor of the optic nerve. Its nature proved to be myxo-fibromatous.—*N. Y. Med. Jour.*, July 14.

MELANOMA OF THE IRIS.

FUCHS reports a typical case of this rather rare disease in a woman, aged seventy-five, who had an incipient senile cataract. There was a blackish-brown prominence visible at the supero-nasal quadrant of the pupillary margin, 4 mm. long, which projected from the lower surface of the iris into the pupillary space. It projected above the pupillary margin about 1 mm. during contraction, and 2 mm. in dilatation of the pupil. There was evidently a larger tumor in the posterior chamber, for the iris in this region was crowded forward. The tumor and neighboring parts of the iris were excised through an incision made with a narrow Graefe's knife, and carefully examined. The iris was found very strongly pigmented, not only in the pigment cells of the stroma, but also by large numbers of free pigment granules. The proliferation directed toward the pupillary margin formed a black wedge, which almost reached the free border of the iris, and lay rather nearer the posterior than the anterior surface of the iris, and seemed to include the sphincter. A similar wedge of pigment extended into the iris in a centrifugal direction; passing obliquely forward, it reached at one point the anterior surface of the iris. The main proliferation extended backward, and a broad black band perforated the posterior limiting layer and the uveal leaf of the iris, so as to spread behind it and form the tumor observed. The tumor consisted of an accumulation of cells which were so deeply pigmented that they formed a uniform black mass. The tumor possessed neither blood-vessels nor stroma. At the central side the posterior limiting membrane of the iris was partly reflected upon the surface of the tumor. There was no trace of the uveal pigment of the iris.—*N. Y. Med. Jour.*, July 7.

GREEN CANCER OF THE CHOROID.

Dr. EMIL BOCK recounts, in *Virchow's Archiv*, the case of a tumor of the choroid which contained biliverdin. The growth was found in a man, aged 40 years, who was the subject of cancer of the liver, presumably secondary; foci were detected in many parts of the body,—arachnoid, lungs, and subcutaneous tissues. A plate is given illustrating the characters of the ocular growth, which was composed of polygonal cells with large round nuclei, the streaks and dots of biliverdin-pigment being richly scattered in an intercellular situation.—*Lancet*.—*Med. Times*, June 2.

PERIODIC RECURRENT PARALYSIS OF OCULAR MUSCLES.

A remarkable case of paralysis of the ocular muscles, coming and going every month simultaneously with the appearance and disappearance of the catamenia, has been recorded by Von Hasner (*Centralblatt für klin. Med.*, No. 21). It occurred in a girl aged seventeen years, of good physique, who had suffered since her thirteenth year from ptosis of the left upper eyelid, which set in every month, lasted three days, and was accompanied at its commencement by headache and vomiting. Menstruation began at the age of fifteen years, when it was observed that this coincided with the monthly ptosis of the left eye. The author had the opportunity of seeing the patient at the onset of one of her periods, and then made out total palsy of the muscles of the left eye; the second day of the menstrual period witnessed a regression of the paralysis of the left eyelid, of the headache, and vomiting. With the cessation of the menses on the third day, a gradual restoration of the movements of the eye took place, the pupil remaining dilated a little while longer.—*Med. Times and Gaz.*, June 9, 1883.—*Med. News*, July 7.

OPERATIONS FOR CATARACT IN THE SUBJECTS OF CHRONIC DISEASE.

Dr. ARMAIGNAC opposes the commonly entertained opinion that operative measures should be avoided in cataract occurring in individuals suffering from any cachexia. He has examined the records of a number of operations for the cure of cataract performed in his clinic, and he states that he has yet to meet with a failure in patients suffering from either diabetes, albuminuria, cancer, or malaria. In every case the cure was at least as rapid as it is usually in healthy subjects, and it occurred without inflammatory reaction or complication of any sort. Some of the operations were performed in the last stages of the general affection.—*Revue Méd.*—*Med. Record*.

SPASM OF EYELIDS AND CILIARY MUSCLES WITH INTENSE PAIN, CAUSED BY EXPOSURE TO ELECTRIC LIGHT.

Dr. A. T. THOMSON reports in the *Med. Times and Gaz.*, the case of a man aged twenty-five, who on two different occasions neglected to wear his eye-protectors when working about an electric light. In both instances, some three hours after the exposure, violent pain, so intense as to prevent sleep, came on in both eyes, and he lost control over the eyelids, which remained rigidly closed. Free instillation of solution of atropine gave prompt relief.—*Med. and Surg. Rep.*, June 2.

VASELINE CERATE, A CONVENIENT BASIS FOR OINTMENTS INTENDED FOR APPLICATIONS TO THE EYELIDS.

Dr. THEOBALD, of Baltimore, read a brief paper on this subject (*Amer. Ophth. Soc.*), in which he stated that he had been using a cerate made of yellow wax and vaseline, with much satisfaction, for several months, both in private and in hospital practice, as a basis for ointments intended for application to the eyelids. It was made by melting the wax and vaseline together with a gentle heat, and stirring the mixture until it hardened, combining one part of yellow wax with four of vaseline, which proportion gave the ointment sufficient firmness, except, perhaps, in very hot weather, when the proportion of wax might be increased to one to three. Dr. Theobald also exhibited a specimen of ointment of the yellow oxide of mercury, containing two grains to one drachm of vaseline cerate, which, though prepared nearly four months

since, and kept with no special care, still retained its bright-yellow color, and had undergone no appreciable change. He had been told that cerates prepared with vaseline were in use, but was not aware that attention had been called to the convenience of employing them in the manner suggested.—*N. Y. Med. Jour.*, July 28.

PEROXIDE OF HYDROGEN IN OPHTHALMIC DISEASE.

The excellent paper by Mr. KINGZETT, in the *Journal* of December 2d, on the uses and applications of the peroxides in medicine and surgery, is full of interest to surgeons, as we are now becoming more and more alive to some of the disadvantages of carbolic acid, both to patient and surgeon; and I certainly shall extend my trial of the peroxide of hydrogen into the region of general surgery. The paper referred to contains no allusion to its use in cases of purulent discharge from the conjunctiva; and it may be gratifying to Mr. Kingzett to know that M. Landolt of Paris has been using it with great success, in these cases, for nearly a year. Having seen its application on my visit to Paris in May, I determined to use it myself, and have done so, more or less, ever since, with very excellent results; and the only reason why I have not published the matter systematically, has been that I have been expecting M. Landolt to send us a communication on the subject, and I was anxious not to forestall him. My belief is, that it will prove a most useful adjunct to our present mode of treating severe purulent ophthalmia, if it do not altogether replace it.—James E. Adams, in *British Med. Jour.—Therap. Gaz.*, July 16.

GRANULAR CONJUNCTIVITIS.—SALICYLATE SODA.

A correspondent of the *Med. and Surg. Reporter* says, that he has found that a solution of salicylate of soda, when applied to the everted lid in cases of granular conjunctivitis, will almost instantly relieve the pain following the use of sulphate of copper.—*Med. Review*.

CHRONIC INFLAMMATION OF THE EYES.—SULPH. CADMI.

H. HOLMES HUNTER, M. D., Sunbury, N. C., writes:—I have used the following for a long time with the best results:

R. Cadmii sulph., 1 gr.; aquæ, 1 $\frac{2}{3}$. M. Sig. Drop ten or fifteen drops in the eyes at night.—*Med. Brief*.

AFFECTIONS OF THE EAR.

DANGEROUS HÆMORRHAGES FROM THE EAR.

The close relations of the tympanum with several of the larger blood-vessels are well recognized as sources of danger in cases of carious perforation of the osseous walls of the cavity, but, fortunately, instances of serious hæmorrhages from these vessels are rare. Hessler has collected some twenty-two cases of injuries of the carotid artery by disease in its passage through the carotid canal of the temporal bone; in nineteen of these there was serious, and in most, fatal hæmorrhage from arrosion of the artery. Böke adds two cases from his own practice in which there were fatal hæmorrhages, in one from the bulbus venæ jugularis, in the other from the sinus petrosus inferior.

Böke calls attention to the fact that all the cases of serious hæmorrhages are preceded by long-continued otorrhœas, which have produced caries of the

bone; and examination is often insufficient to determine the extent of this caries, and consequently from what vessels the bleeding proceeds cannot be decided with accuracy. On this account a profuse hæmorrhage from the ear is a very serious symptom. It is assumed that arterial bleeding can be recognized by the pulsating character of the stream, and by the bright color of the blood, while venous bleeding has the opposite characteristics; but if the hæmorrhage is of mixed character, as sometimes occur, the diagnosis of the origin of the blood is impossible.

Three methods of treatment have been suggested for the bleeding: (1) the usual local mendicants for checking hæmorrhage, cold water, iron, alum, etc.; (2) digital compression of the carotid; and (3) ligature of the carotid.—*Boston Med. and Surg. Jour.*, June 21.

OBSTINATE PURULENT DESQUAMATIVE OTITIS MEDIA.

Dr. KNAPP read a paper (Amer. Ophth. Soc.) in which he reported a case that was finally cured. He laid special stress upon the fact that, where there was desquamative otitis media, palliative treatment produced only temporary benefit, and that to effect a cure it must be converted into an acute case, a condition that could be cured. The case was a new confirmation of views which he had expressed before the society two years before concerning the treatment of granulations and polypi. He had then stated that in cases of diffuse granulations and broad sessile polypoid excrescences he abstained from destroying them by caustics or sharp instruments, because these procedures were likely to destroy essential parts of the drum cavity, and terminate in replacing the membrane by cicatricial tissue, thus bringing about an unpleasant condition known as sclerosis. The only reasonable plan was to change the condition of the parts, and this he accomplished by instillations of warm water, and by keeping the parts moist with cotton steeped in glycerin.—*N. Y. Med. Jour.*, July 28.

ŒDEMA OF THE TEMPORAL REGION AN IMPORTANT DIAGNOSTIC SIGN.

An unmarried lady, æt. 31, suffered for a long time from a purulent discharge of the ear and polypus-formation in the meatus on the right side. Suddenly there developed itself, with intense pains, deep in the ear, and spreading over the whole right side of the head, a swelling over the mastoid process, and synchronously a *diffuse hard œdema* in the region of the right temporal bone of the zygomatic process with slight redness of the integument. Soon unconsciousness set in, the pupils reacted evenly but sluggishly; the pulse was full, intermitting here and there, 56 per minute. Notwithstanding the discharge of a considerable quantity of foetid pus by incision of the abscess over the mastoid process (carious in nature), death set in under progressing stupor. The post-mortem examination evinced meningitis caused by the otitis, complicated by plebitis and thrombosis of the lateral sinus. The case is reported by Dr. S. Moos, in the *Zeitsch. f. Ohren- u. Halsk.*, xi., p. 242. M. had some time previous a similar case, where the œdema of the temporal region also enabled him to make a correct diagnosis, and to base the fatal prognosis upon.—*Med. and Surg. Rep.*, June 9.

FOREIGN BODY IN THE EAR.

Dr. H. KNAPP concludes an article on this subject, as follows: Delay in removing a foreign body from the ear is only exceptionally connected with any danger. Certain substances which swell by imbibition may produce inflammation and prevent the secretion from escaping. Politzer says, "the enlargement from syringing with water may be prevented by immediately

pouring alcohol into the ear." Not only in that case, but in every other when a swelling foreign body produces inflammatory intumescence of the walls of the meatus, nay, even in perforations of the membrana tympani and in purulent otitis media, is alcohol an excellent remedy for relieving all those symptoms, as nobody knows better than Politzer himself. Absolute alcohol poured into the ear several times daily will absorb the water from the swollen foreign body as well as from the inflamed tissues around it, make both of them shrink, and thus create free space and facilitate the removal of the intruder.—*Med. Record.*

ATROPIA AND CHLOROFORM IN EAR ACHE.

Atropia has recently been recommended in ear ache, from three to five drops of a solution of one grain to the ounce for children under three years, and of four grains to the ounce for those over ten years, being dropped into the ear. After having been retained for from ten to fifteen minutes, it is allowed to run out by turning the head over. The ear should then be wiped out with a dry rag. The application may be repeated as often as necessary. It is rather in the recurring nocturnal ear aches than in acute suppurative otitis media that it is valuable.

We have found the application of chloroform vapor very promptly beneficial in the former class of cases. The bowl of a common clay pipe is loosely filled with cotton wool, which is then saturated short of dripping with chloroform. The end of the stem is carefully introduced into the ear, and with the mouth of the bowl in the mouth, the vapor is to be blown out. Care must be taken not to allow any of the liquid chloroform to enter the ear, as such introduction is extremely liable to excite otitis media.—*Medical Age.*

EFFECT OF NOISE ON HEALTHY AND DISEASED EARS.

Dr. D. B. ST. JOHN ROOSA read a paper on this subject before a recent meeting of the New York County Medical Society, in which he summed up his experiments somewhat as follows:

(1) A large class of persons suffering from deafness can hear quite distinctly when in a noise.

(2) When this is the case, the disease is situated in the middle ear. The disease is usually of a chronic, non-suppurative character; but the same phenomenon is also noticed sometimes in acute and subacute affections of the middle ear.

(3) The proximate cause of this is not yet definitely determined, but it is believed to depend on the condition of the ossicles.

(4) Boiler makers' deafness is of an altogether different character from the above.

(5) The latter is believed to be due to disease of the labyrinth or the trunk of the acoustic nerve.

(6) Those suffering from boiler makers' deafness do not hear better in a noise.

(7) Cases of impacted cerumen and other affections of the external and middle ear occur in boiler makers as well as in other individuals.

(8) In disease of the labyrinth the tuning-fork C is heard louder and longer through the air than through the bones of the head.—*Med. and Surg. Rep., June 2.*

ACTION OF QUININE.

The injudicious use of quinine was the subject of a paper (*Med. Annals*) by Dr. D. B. St. John Roosa before the New York State Society. As a result of experiments on the human subject and animals he finds that doses of ten to fifteen grains appear to cause vascular injection of the auricle, au-

ditory canal, drumhead, conjunctiva and possibly of the optic papilla. There were, besides, the subjective symptoms of tinnitus aurium and exhalation. A case of otitis caused by it was referred to, and one where impaired hearing was aggravated even by small doses. It was found particularly harmful to ears already in a state of congestion. Inflammation of the retina, as well as of the middle and internal ear, not infrequently follows large doses of the drug. There are a few who deny that the effect of large doses is anything but evanescent, but the cases published have finally settled the point that, in rare instances, deafness and blindness may result. There are cases where this chance is justifiable, but to the possibility of it attention should be called. But it is sometimes given when its effects are only harmful. Such is pyæmia, where, shutting up the emunctories, it causes the condition opposite to that desired. It is taken often in large doses with no more provocation than for breaking up a severe cold in the head, the public having learned this and using it without medical advice. In the exanthemata diseases of the ear are often aggravated by it. Harm is often done by bringing down high temperature by it, and the fatal collapse is only hastened. Cold in the head and congestion of the nasal cavities and frontal sinuses are aggravated by appreciable doses of quinine. In all colds affecting the mucous membrane of the nares, eustachian tubes and tympanic cavities it aggravates the condition, and is therefore a bad remedy. In diseases of the ear it becomes positively harmful by increasing the existing congestion. The use of quinine in cases not malarial in character calls for revision; in any but such its value is doubtful.—*Medical Review*.

DISEASE OF THE EAR OCCURRING DURING THE COURSE OF PAROTITIS.

ROOSA (*"Arch. of Otology,"* xii, 1,) gives an analysis of ten cases carefully reported, and draws the following conclusions: 1. An acute catarrh of the middle ear may occur during the course of mumps, and be attended by fever and vomiting. 2. This catarrh may extend from the parotid gland through the auditory canal and outer layer of the drum-head, or through the mastoid process. 3. An affection of the labyrinth may occur simultaneously, or by extension from the middle ear. 4. It is probable that there are cases where the disease is transferred to the labyrinth in the same manner that an inflammation sometimes occurs in the testes and the breasts during the course of mumps, but this cannot be considered as proved until more detailed experience is furnished of cases observed a few hours after the impairment of hearing occurs. The cases which Roosa has seen have convinced him that any hope of retaining the hearing power must depend upon the prompt use of local anti-phlogistic means. If the labyrinth is invaded, it is doubtful if the cases are not incurable, even if seen at the instant the hearing becomes affected.—*N. Y. Med. Jour.*, July 14.

PARALYSIS OF THE FACIAL NERVE IN CONNECTION WITH DISEASES OF THE EAR.

DR. LAURENCE TURNBULL, of Philadelphia, read a paper on the above subject at the Amer. Med. Ass'n, in which he directed attention to the fact that acute and chronic disease of the middle ear will give rise to temporary or permanent paralysis, alteration in taste, touch, smell, gait and vision. Falls, epileptiform convulsions, hemiplegia and insanity are also due to reflex phenomena from irritation and compression of the sensory and motor nerves of the ear, the result of necrosis of the temporal or mastoid bones. Paralysis of the parts supplied by the facial nerves occur, and are the result of acute inflammation of the ear followed by accumulated secretions in the Fallopian canal, or necrosis of the mastoid cells. Dr. Turnbull then recited the history of several cases which had occurred in the aural department of the Jefferson

Medical College Hospital. The first was a case in which a woman fifty years of age, had a malignant tumor situated in the ear, originally caused by a polypus which gradually extended from the interior of the ear, involving the meatus, auditory canal, temporal bone, and passing out through the auricle until it formed a large double tumor. The lesion was situated between the petrosal branches of the fifth nerve, involving the chorda tympani. It produced periostitis which gave rise to irritation and pressure that ultimately involved the brain and caused death. The second was a case of entire paralysis of the mouth and face, due to exposure and occurring in a patient twenty-four years of age. The patient died within a short time. The histories of other cases were mentioned. This form of paralysis is generally attended by pain, and as the pain is relieved the paralysis shows itself. This pain, however, is not in the facial nerve; but is of a rheumatic character generally, and from some irritation of the fifth nerve. The anatomy of the fifth nerve and its distribution were then given. Dr. Turnbull also referred to cases in which temporary facial paralysis occurred, due to simple swelling of the nerve. Permanent paralysis also of the same nerve might occur in connection with suppuration of the middle ear.—*Med. Age*, July 10.

EXAMINATION OF EARS BY MEANS OF THE TUNING-FORK.

EMERSON ("Arch. of Otology," xii, 1), after an examination of a large number of persons with normal hearing, draws the following conclusions: 1. Reliance on the statements of patients in regard to the *loudness* of tuning-forks, as a test in ear troubles, will lead to error, unless account is taken of the fork used. As a rule, in normal ears high notes are heard louder through aërial conduction, and low notes louder through bone-conduction. This is true also, to a limited extent, in diseased ears. 2. The relative duration of aërial and bone-conduction is a better test. In normal ears, in all cases, the tuning-fork is heard *longer* through air than through bone, the proportion being greater for high than low notes; and for the middle C (c') it should be heard about twice as long through air as through bone. Any *marked* departure from this indicates disease. 3. In external or middle ear disease this proportion is reduced, and in well-marked cases, the average bone-conduction remaining the same or being increased, the aërial conduction will be reduced until it becomes equal to or much less than bone-conduction. 4. When the bone-conduction is longer than aërial conduction, and yet much less than the average duration of bone-conduction for normal ears, it is an indication not only of middle ear trouble, but that the nervous apparatus is involved. 5. If the proportion between bone and air remain the same, and the hearing power be much lowered, it is probably an indication of disease of the internal ear. Air-conduction markedly exceeding bone-conduction, the bone-conduction may be entirely lost, and yet air-conduction continue to a limited extent.—*N. Y. Med. Jour.*, July 14.

EAR AFFECTIONS IN DIPHTHERIA.

Two cases are reported in the (*Berl. Klin. Woch.*) in which the membrane was punctured for suppurative inflammation in the middle ear. It gave immediate relief, and hearing remained good.—*Can. Pract.*

AFFECTIONS OF THE SKIN.

TREATMENT OF SCROFULODERMA.

BESNIER says that there is no such thing as the internal treatment of scrofulous disease of the skin. Locally, when there is any inflammatory action, emollients may be employed. Later, when the affection becomes fully

developed (dusky red patches of the skin with a tendency to suppuration and the formation of undermining ulcers), hypodermic injections of tincture of iodine in the affected locality, cauterization with chloride of zinc, and especially erosion by means of the curette, are the best available methods of cure. When the scrofulous "gummata" have broken down and have opened, cauterizations with nitrate of silver, followed by the application of metallic zinc, are of service. The exuberant granulations should be destroyed as they arise, by boring into the diseased tissue with nitrate of silver stick.—*Polyclinic, July.*

TRICHLORPHENOL IN ERYSIPELAS.

The daily application of a solution of trichlorphenol (five to ten per cent.) by means of a brush to an erysipelatous surface has been accompanied by excellent results in the hands of Dr. Jurinsky. With the disappearance of the erysipelas the temperature declines; in several cases this occurred in forty-eight hours after the first application.—*Jesch. Klin. Gazeta.—Med. Times, July 28.*

MULTIPLE FIBROMATA OF SKIN, WITH DEVELOPMENT IN LARYNX AND PERICHONDritis.—DEATH FROM TUBERCULOSIS.

A case is reported by TH. HERING (*Wien. Med. Presse*, No. 2,) of a man whose general surface was adorned by about fifteen hundred fibrous tumors, some as large as a hen's egg, and who also suffered with pulmonary tuberculosis. Subsequently, hoarseness, dyspnoea, and difficulty in swallowing directed attention to the larynx, and led to an examination. A large growth was found in the neighborhood of the left arytenoid, and under the vocal cords was seen a cherry-sized, reddish-yellow tumor, which above was smooth and slightly granulated at its sides, which nearly closed the lumen. Tracheotomy was performed. In a few days a pulmonary hemorrhage occurred, which caused death. Post-mortem examination showed pulmonary tuberculosis. The tumor in the larynx, which was apparently also tuberculous, communicated by a small canal with the necrotic processus vocalis. Near this tumor was a growth as large as a hazel-nut, which under the microscope was recognized as a soft fibroma like that which was found under the vocal cords.—*Centr. für Chir.—Med. Times, July 28.*

NAPHTHALINE IN FROST-BITES.

Dr. LINDENBAUM has employed this remedy with success in a number of cases of frost-bite. The dressing is usually changed every seven to ten days. In some instances the patients complained for two or three hours after the application of severe sticking pains, caused probably by small crystals of naphthaline. As far as the author's experience will permit him to judge, the same remedy is equally beneficial in burns.—*St. Petersburger Med. Woch.—Med. Record, July 28.*

CUTANEOUS CALCULUS.

Dr. G. W. H. KEMPER, of Muncie, Ind., sends us the following report: "On May 9, 1878, I removed by incision one of these rather rare morbid specimens. The patient, a lady, aged fifty-five years, stated that about twenty years previously a small tumor developed in the right eyebrow, and gradually grew to the size of a hazel-nut. She had experienced no pain from it until the last year before its removal, when its presence became rather annoying, and at times caused neuralgic pains by pressure upon supra-orbital

nerve. It probably began as a sebaceous cyst and eventually was transformed into a calcareous mass. I was uncertain of the character of the tumor until my knife came in contact with the stone. It is of an oval shape, rough surface, and weighs at this time seven grains. No further trouble was experienced after its removal."—*Med. Record*, July 28.

TINEA VERSICOLOR.

Tinea versicolor or *Liver Spots* is an exceedingly common affection, and one that causes much annoyance, since the patient frets at having this blemish on his skin. To cure it, Dr. George H. Rohé (*Med. Record*, June 2, 1883,) recommends a lotion of hyposulphite of sodium, half a drachm to the ounce of water. The patient is directed to take a bath once a day, using soap freely. After the bath the affected spots are to be mopped with the parasiticide lotion. In a week the discoloration has usually disappeared. The remedy should be continued a week or two longer to prevent relapse. Dr. Rohé says it is surprising to what an extent cases of tinea versicolor are treated for syphilis, hepatic derangement, or similar supposed affections of the internal organs. Patients are sometimes compelled to take mercury or potassium iodide for months, under the supposition that they suffered from syphilis, when the only trouble was that just described, which, when properly treated, yielded to local remedies alone in the brief space of two weeks.—*Med. and Surg. Rep.*, June 23.

ECZEMA.—SALICYLIC PASTE.

OSCAR LASSAR ("Monatsh. f. prakt. Dermat.") recommends for cases of eczema which show an intolerance of ointments a paste composed of equal parts of oxide of zinc and starch powder with vaselin. To this paste are added various medicaments, but, as especially useful, salicylic acid is recommended. The advantages of the preparation over the ordinary salves are stated as follows: It does not liquefy at the ordinary temperature of the body, but dries on the skin, to which it adheres so closely, wherever applied, as to render a retaining bandage unnecessary. On hairy portions of the body it is objectionable, because of its sticking the hairs together. The zinc-starch paste has no irritating properties whatever, and is well borne when simple vaselin is not. The greatest advantage, however, is said to be due to its porosity, by means of which any secretions which arise from the surface to which it is applied are absorbed instead of collecting beneath it, as is the case with ordinary ointments.

It is claimed that the addition to the paste of salicylic acid in the proportion of two per cent. adds very decidedly to its curative effect in eczema.

The following is the formula:—℞. Acid. salicyl., 2·0 (grs. x); vaselin, 50·0 (3 iv); zinci oxid., amyli, aa 25·0 (3 ij). M. Leniter terend. fiat pasta.—*N. Y. Med. Jour.*, June 30,

TINCTURE OF BELLADONNA TO RELIEVE ITCHING.

Tincture of belladonna topically used has given excellent results to Dr. B. F. Bell (*Med. Chronicle*, July, 1883), in the severe itching accompanying skin affections.

He has used it in one case of impetiginous eruption confined to the right arm, and in one case of urticaria of the hands and wrists, with the result of relief in each case.

In all, he has used it in five *light* cases of herpes zoster with the desired result. In severe cases of this affection where we have *severe pain* and not *itching*, he thinks this remedy would be of but little, if any, benefit.

He has used it in about twenty cases of eczema, of various forms and degrees, and in each case relieved the itching. In some cases he has used large quantities of it, applying it very frequently; always being governed by the effect produced and not the quantity used.—*Med. and Surg. Rep.*, July 28.

DYSIDROSIS.

Before the Academy of Medicine in Ireland (*Med. Press*), Mr. CORLEY read a paper on the disease to which Tilbury Fox applied this name, and which Mr. Jonathan Hutchinson termed cheiro-pompholyx. He detailed the history of two cases, both following injury of the median nerve, and in one of which, after the eruption had disappeared from the hand of the injured side, a similar eruption broke out on the opposite hand. This, he considered, indicated that the irritation produced in the member first affected was propagated to the spinal cord, and produced there a nervous disturbance which passed across and down the nerves of the opposite limb. From the consideration of these cases, as well as those detailed by Hutchinson and Fox, Mr. Corley was of opinion that the disease was genuine herpes zoster of the hand, due to either centric nervous disturbance or irritation of nerve trunks, and he therefore rejected the name and pathology suggested by Tilbury Fox.—*Med. and Surg. Rep.*, July 14.

PEPSINE LOCALLY FOR ULCERS WITH LARGE SLOUGH.

Dr A. B. WHITELEDGE (*Medical Press*), states that in these ulcers the slough remains frequently as a hard, white mass, very slow and tedious in separating from the subjacent tissue. There being no chance of healing while this slough remains, it should be removed. Finding the ordinary methods slow in effecting this removal, he was led to try the effect of pepsine as a dressing, and has now used it in some half dozen cases, and with the most satisfactory results. Within a week it dissolves the slough, and leaves a granulating surface, very amenable to further treatment. He applies a lotion containing pepsine wine, mixed in varying strengths, but usually about half pepsine and half water, with a little tincture of lavender to improve its appearance, to the ulcer.—*Gaillard's M. J.*, June 23.

TREATMENT OF PREMATURE BALDNESS.

In the *Berliner Klin. Wochenschrift*, Dr. LASSAR discusses the etiology and treatment of early baldness, or alopecia prematura. From observation and experiment upon animals it was found that the disease is contagious, and occurs independently of any general affection or the state of health of patient. The method of treatment is as follows: The scalp is to be washed every day with tar soap, or soft glycerine soap, or with soap containing sodium iodide; the soap is to be thoroughly applied, and rubbed into the scalp for fifteen minutes. Following this is a warm douche; then by the application of a corrosive sublimate (two parts per one thousand) the hair is dried, and a half per cent. spirit-solution of naphthaline is rubbed into the affected portions. Carbolic or salicylic acid may also be employed if desired. If this treatment be adopted in the early stage, when the hair is just beginning to fall, it has usually proved successful, but it must be kept up for eight weeks or more. The fact that this disease is due to a communicable morbid principle has been brought up in order to show its conveyance by the comb and brush of the barber.—*Cin. Lan. and Clin.*, July 21.

REMOVAL OF WARTS BY CAUTERIZATION.

Dr. CELLIER recommends the following treatment for warts in the *Journal de Médecine et de Chirurgie Pratiques*: The base of the wart is transfixed by an ordinary pin, care being taken not to pierce the healthy tissue beneath. Then, the skin being protected, the head of the pin is held in the flame of a candle. In a few minutes the wart becomes white and fissured, and comes away on the point of the pin. The procedure is said to be painless as well as bloodless. The curious assertion is made by Dr. Cellier that it is necessary to remove but one wart on the hand, and all the others (sometimes even a dozen or more) will disappear without treatment.—*Medical Record*.

NAPHTHOL IN EXCESSIVE PERSPIRATION.

For excessive perspiration in the palms of the hands, soles of the feet, or armpits, the following lotion applied two or three times a day will be found of service:

Naphthol, 5 parts; glycerin, 10 parts; alcohol, 100 parts. The parts may also be dusted with the following powder:

Naphthol in fine powder, 2 parts; starch, 100 parts. In troublesome cases of excessive perspiration of the feet small pledgets of wadding or lint dipped in the above powder may be inserted between the toes.—*Drug News*.

CORROSIVE SUBLIMATE IN GLYCERIN IN PARASITES OF THE SKIN.

R. VIGIER recommends four or five parts of corrosive sublimate dissolved in one hundred parts of glycerin, in place of mercurial ointment, for parasites of the skin. It has been known for a long time that glycerin is not absorbed by the skin, and that it also prevents the absorption of medicines, and to a great extent that of corrosive sublimate. Therefore, on account of its greater cleanliness, and greater security from the absorption of mercurials, it is to be preferred to blue ointment.—*Pharm. Centr.—New Remedies, July*.

BORAX AND GLYCERINE IN ERYSIPELAS.

In the *Medical Times* will be found an article on the treatment of erysipelas, in which the writer recommends the local application of borax dissolved in glycerine in the strength of one drachm to the ounce, and applied on linen. The writer speaks from an experience of eight years, and claims that it cuts short the disease in a remarkable manner.—*Can. Lancet, June*.

TREATMENT OF SYCOSIS.

R. Kreasoti, ℥ xx. to xxx; zinci oxid, 3 iss: ungt. simp., 3 i. M. Apply night and morning.—BOUCHUT.—*Gaillard's Med. Jour*.

HERPES ZOSTER.

For herpes zoster painting the vesicles with strong carbolic acid and covering with a layer of thick cotton-wool, has been successfully applied by Dr. Lambuti. He reports a case of the kind in the *Revista Clinica di Bologna*.—*Med. and Surg. Rep., July 14*.

MIDWIFERY.

AND THE DISEASES OF WOMEN AND CHILDREN.

ANÆSTHETICS DURING LABOR.

Dr. THOMAS D. SAVILL, at the close of a paper on this subject, thus summarizes the main precautions, the observance of which would render the use of chloroform justifiable:

1. There are certain women who have a tendency to flood at every confinement, and others in whom there seems an already too great relaxation of fibre—weak, anæmic females in their eighth or tenth confinement; and to these it would be unadvisable to give chloroform, except for necessity. Happily, it is not these women who suffer the most pain, but rather those strong, healthy primiparæ whose pelvis and general build approximate to the masculine type.

2. We should not give it when labor is complicated with severe vomiting, or with acute disease of the heart or lung, unless there be imperative call for it.

3. It should not be given to the full extent, except for operation, convulsions, or spasm of the cervix; and then it is most necessary that one person should devote his entire attention to it.

4. The inhalation should be stopped directly we find the pulse becoming very weak, or the respiration irregular.

5. Anything which makes us suspect a fatty or enfeebled cardiac wall should make us cautious in the use of chloroform. Here, as in cases other than those of labor, it is not the most extensive valvular disease (so long as it be attended by compensating hypertrophy), but the atrophied or degenerated wall that constitutes the source of danger. Unfortunately, the signs of these conditions are subtle and uncertain; but a fatty heart may be suspected by an exceedingly feeble cardiac impulse, combined with an almost inaudible first sound; or attacks of dyspnœa, vertigo, and syncope, in the absence of anæmia, or valvular lesion; or the copious deposit of fat in other parts of the body, and the occurrence of dropsy without adequate cause. A dilated heart may be suspected by increased area of præcordial dulness, combined with epigastric and venous pulsation, and a want of correspondence between the violence of the cardiac impulse and the strength of the pulse. Pericardial adhesions also form a great source of danger. They may be suspected when the heart's apex is fixed above its normal position, and does not shift with respiration; or when there is depression instead of protrusion of intercostal spaces over the position of the apex, giving a wavy character to the cardiac impulse.

6. The sixth and last precaution I would mention is this. In all cases we should take extra care to prevent the occurrence of hemorrhage after birth; by giving a full dose of ergot in a little warm water when the head reaches the perineum; by ceasing the chloroform immediately it is born; and by rousing the patient from her lethargy as soon as possible.—*Brit. Med. Jour.*
—*Med. News*, June 2.

CYSTOCELE COMPLICATING LABOR.

Dr. JOHN H. WHITHAM, L. R. C. P. Ed. of Haworth writes, in the *Brit. Med. Jour.*, May 6, 1888: On January 10th, a patient of mine, who was pregnant, complained to me that she had "bearing-down pains" in the lower part of her body, and that she thought something had given way. I made a digital examination, and found a tumor protruding through the vulva. I could pass my finger behind it, and could recognize the os uteri high up and looking backward; but anteriorly the tumor was attached. I concluded that it was a case of cystocele, and ordered my patient to preserve the recumbent posture, making frequent use of the catheter myself, to prevent accumulation and decomposition of urine. The case went on without any inflammatory symptoms until labor set in on the 29th ultimo. Early in the labor the bladder and rectum were emptied. As the patient had a very roomy pelvis, I found that at first I could relapse the tumor and hold it up above the pubes by means of two fingers; but as the pains became more intense, I was obliged to withdraw my fingers, and, in doing so the bladder followed them. I then consulted with Dr. Dobie, of Keighley, and the result was that I gave the patient a full dose of ergot, placed her in the knee-elbow position, replaced the tumor, and held it in position until the next pain brought down the head well into the pelvis. After this, there was no further trouble; the case was quickly and easily terminated without further complication.

I have reported this case, not because any extraordinary treatment is adopted, but because I had to deal with a complication which is apparently rare, since I have fruitlessly consulted on this point several well-known midwifery books.—*Med. and Surg. Rep.*, June 16.

PREVENTION OF LACERATION OF THE FEMALE PERINEUM.

Mr. ALEXANDER DUKE remarks: "The best preventive treatment of laceration that I have found (and which I dare not claim as original, though I find no notice of it in the text-books on midwifery,) is this: When I find the head fairly engaged in the pelvis, and advancing with each pain, I take my seat by the patient's bedside, and having lubricated my left thumb, or the two first fingers of my right hand, I introduce either into the vagina, and at the onset of a pain draw back the perineum firmly, but gently, toward the coccyx, relaxing the tension gradually as the pain lessens till the next ensues, and so on till I can draw back the perineum with very slight effort. I thus tire out the muscular structure, and produce sufficient relaxation for the head to pass.

"In most cases so treated there is no danger of the perineum, but when the pubic arch is narrow, (which can be easily determined) I take the additional precaution of raising the patient's left hip, and supporting it on a hard pillow, while the shoulders are kept low, fomenting the parts, using inunction of lard or vaseline, and taking particular care to direct the head forward by pressure, with my left hand below the coccyx, or a finger in the rectum, leaving the perineum untouched. It has always seemed anomalous to me that the perineum should be expected to dilate on such short notice, namely, 'the process of extension,' while dilatation of the os and cervix occupy such a considerable time, even with the additional help of nature's hydrostatic dilator, viz., the bag of waters.

"The drawing back of the perineum produces no additional pain to the patient, as it is done during a uterine contraction, and I feel sure that if nurses and students were educated as to the proper way of preparing the perineum previous to its distension with the presenting part, we should see and hear less of lacerated perineum."—*Brit. Med. Jour.*—*St. Louis Cour. Med.*, July.

DELIVERY OF THE AFTER-COMING HEAD BY THE OCCIPUT.

In the May number of the *American Journal of Obstetrics* Dr. W. W. SEYMOUR, recommends a new treatment for occipito-posterior positions of the

after-coming head, when the head is not flexed. He cites a case in which after podalic version the occiput had rotated to the sacrum, and asphyxia being imminent he employed strong traction on the shoulders, thus producing extension of the head, and then carrying the body of the child over the mother's abdomen he applied forceps behind the child's body, and delivered with ease. He claims that for facility and celerity this manœuvre is preferable to that ordinarily recommended in such cases, namely, rotating the occiput to the pubes. In discussing the mechanism of delivery in such cases the writer divides them into three classes, according as the head is extended, flexed, or in an intermediate position. In the former he concludes that delivery occurs most naturally by increasing extension, which may be facilitated by traction on the shoulders and rotating the trachelo-bregmatic diameter about the symphysis so that the occipital extremity shall coincide with the plane of exit. In the cases marked by flexion, of course this manœuvre is not available, as the occipito-mental diameter of five and one half inches cannot be extended through an oblique diameter averaging only the same measurement in the bones; so that here one must either effect rotation, or, failing in that, increase flexion and carry the body over the mother's perinæum. The latter method is preferred, with the remark, however, that the flexion can be secured best by pulling down on the edges of the orbit rather than by depressing the lower jaw, as the latter may only succeed in opening the mouth, leaving the position of the head unchanged. In cases intermediate between full extension and flexion, he advises ordinarily converting them into the first class, and delivering by extension with the body over the mother's abdomen.

In cases of version even when the occiput is anterior, if the chin has become separated from the chest, the author recommends that rather than waste time in trying to flex it, strong traction be applied to the shoulders and the body carried over the perinæum (instead of the abdomen), the occiput then first emerging at the anterior commissure while the chin hooks over the perinæum. In the occipito-posterior positions, if the head is flexed the forceps would go in front of the child's body which is carried back into the perinæum, while the head being extended (as in his case) the forceps are put on behind the child's body—*Boston M. and S. Jour.*, June 21.

ANTISEPTICS AFTER ABORTION.

Dr. W. GILL WYLIE, of New York, after detailing a number of cases in which alarming symptoms were dissipated by the application of the carbolized douche, announces the following conclusions:

I have come to the conclusion that it is best to consider a uterus after an abortion precisely as surgeons to-day regard a punctured wound, and just as likely to be poisoned and equally dangerous when neglected or badly treated. (1) That septic matter must be excluded with great care, and that antiseptics are of great service in preventing infection. (2) That perfect drainage is just as essential as in a severe contused and punctured wound; that not only versions and especially flexions, may cause retention of the lochia, but that contraction and swelling of the os internum very frequently is an active cause in preventing a constant and free drainage. (3) That when septicemia has begun within a reasonable time, say within ten or twelve hours after the first chill or high temperature, almost all cases may be cured by perfecting the drainage, and by washing out the cavity either of the vagina or of the uterus, as the case may be, by frequent douches of a solution of carbolic acid of a strength of from one to forty to one to twenty, the latter being rarely needed. (4) That general medication, except so far as it keeps up the strength of the patient, has little or no direct effect, and that the washing out with carbolic solution not only removes or renders inert the organisms on the surface of the wound or cavity, but, in all probability, sufficient carbolic acid is absorbed locally into the surrounding tissues to weaken if not stop the active reproduction of the micro-organisms, or the generation of poison associated with them.—*Louv. Med. News*, June 30.

PHYSOMETRA.

Dr. Ross gave the following particulars of a case to the Medico-Chirurgical Society of Montreal. Was sent to attend a woman in labor; was told she had had a rigor some hours previous. Found she had fever and rapid pulse. Abdomen much distended, not much pain, but complained of distressing feeling of tension. Percussion over uterus was as resonant as the stomach. Said did not feel movements of child. Diagnosed dead foetus and uterus filled with gas. Patient was delivered same night. It was a breech case. Had some difficulty to get child through, as its abdomen was filled with gas also; had to use a fillet. With each contraction of uterus detonations of gas and gurgling took place. As the head was delivered, most frightfully offensive gas came away. The child was much decomposed. Had never seen a similar case, and why so in this case, or why not oftener seen when the foetus dead, he could not say. Patient recovered fully. No disinfectant was used at any time.—*Can. Med. and Surg. Jour.*, July.

 IODOFORM SUPPOSITORIES FOR PUERPERAL SEPTICÆMIA.

Before the Medico-Chirurgical Society of Montreal. Dr. ALLOWAY presented the records of six cases of puerperal septicæmia, three of which had been treated by a new method, viz.: the introduction into the uterine cavity of iodoform suppositories. He referred to the care and anxiety which these cases caused to the attendant, the frequent visits necessary. If the ordinary method of repeated intra-uterine injections is followed, as in general practice the assistance obtained is rarely skilled enough for this. The advantages of iodoform in general surgery were now fully recognized, and it occurred to him that they might be extended to the treatment of the raw placental surface and to the lacerations and bruises of the passages. The site of a separated placenta had been well compared to the stump of a limb after amputation. With this remedy we had the advantages not only of a topical action, but, applied in the manner directed, the effect was continuous, and the vapor, or whatever it was, given off, permeated to all parts. Too often, with injections, the superficial parts were cleansed, and in an hour or so, unless repeated, the discharges were again fetid. He believed that with the iodoform we could get a more effectual disinfection of the intra-uterine cavity in these cases than with the ordinary solutions, and the trouble of constant injections was completely obviated. In carrying out the treatment he used a Sims' speculum, washed out the uterus first with plain or carbolized water, and then, with a tent-insertor, passed the suppository far up into the fundus. He used them of the strength of ten, fifteen, or twenty grains, and usually introduced one night and morning. No poisonous effects had been noted.—*Med. and Surg. Rep.*, June 9.

 PUERPERAL CONVULSIONS.—LOBELIA.

R. H. BEALL, M. D., Waterville, Mo., writes:—Was called May 16th in consultation with Drs. Anderson and Greene, very respectable physicians, to see Mrs. C., suffering with eclampsia; had been delivered of her eighth child: her delivery was easy, not being in confinement more than six or eight hours. Other treatment having failed, as a last resort I proposed the *King* of antispasmodics, "Lobelia." Having an excellent fl. ext., we began by giving half teaspoonful about every twenty minutes till she threw up near half pint of tenacious mucus. It was with difficulty we got the two or three first doses down her, as the muscles of deglutition appeared somewhat paralyzed, and her air passages were well filled with mucus, as she was suffering with asthma and subacute bronchitis at the time. After she vomited, her convulsions ceased, and she made a good recovery.—*Amer. Med. Jour.*, July.

SUBINVOLUTION OF THE UTERUS.

A very valuable lecture on this subject by Dr. CLINTON CUSHING, of San Francisco, is to be found in the *Med. News*, June 2, 1888. He considers premature assumption of domestic duties after parturition as one of the most frequent causes of this unfortunate condition, and he formulates the following sound advice to physicians:

"If it is possible to do so, I know of no better investment of time and money than for a woman who is raising a family to devote at least a month following her delivery to rest and quiet, and as free from excitement of any kind as may be. Unless she is confined to her bed by poor health, it is the only opportunity a mother of a family has to remain quiet long enough to get really rested; and I would advise you to inculcate, in the most thorough manner, the minds of your puerperal patients with the idea that a full month must be given up to rest and recuperation after delivery, and that a portion of each day after getting out of bed must be spent upon a lounge or couch for several weeks. Of so much consequence do I consider this advice, that I would again urge you to use all your eloquence to show your patients the advantages to be derived from a month's bodily and mental rest following confinements—*Med. and Surg. Rep.*, June 23.

POST-PARTUM POLYPOID TUMORS.

Dr. HENRY G. LANDIS, of Columbus, Ohio, read a paper on this subject at the Amer. Med. Ass'n:—He said the physician is sometimes blamed for not completely delivering the placenta, when the real condition is due to other substances than placental tissue.

1. Blood polyps may form after delivery, consisting only of coagulated blood.

2. Blood polyps *may* be associated with retained fragments of placenta or membrane.

3. The same condition may occur with strips of decidua, prematurely detached.

4. The decidual membrane may undergo hypertrophy in places, giving rise to a sessile tumor of some magnitude and causing secondary hemorrhage, septicæmia, etc.

To the few cases on record the writer added the details of two cases observed by himself.—*Med. News*, June 9.

PUERPERAL FEVER.—RESORCIN.

Dr. C. FÜRST, of Vienna, states that resorcin was given in more than three hundred cases of puerperal fever, occurring in the service of Professor Braum. It was administered in doses of forty grains, dissolved in water, repeated when necessary. The result was, almost without exception, to bring down the temperature nearly to the normal. After a few hours there was a rise again, so that a dose given, for example, in the evening had to be repeated in the morning. It is a powerful antipyretic. The fall in temperature was usually accompanied with profuse perspiration.—*Can. Pract.*, July.

PUERPERAL INFECTION THROUGH EROSION OF THE NIPPLES.

The possibility of septic infection through wounds of the nipples, as well as through wounds of the genital apparatus, has hitherto received but scant notice. Professor Kaltenbach regards this occurrence as probable, arguing from the etiological relation between erosions of the nipple and mastitis, and from the beneficial effects claimed by Hausmann to follow the treatment of the fissures by carbolic acid. Spiegelberg has shown the possibility of mastitis arising from infection through the nipples and openings of the lacteal

ducts. Kaltenbach goes further, and regards every case of mastitis as of septic origin. The necessity of the greatest possible cleanliness of the mouth of the child, the hands of the nurse, and the nipple itself, is self-evident.—*Deutsche Med. Zeit.*—*Med. Record.*

CARE OF THE PUERPERAL BREAST.

Dr. GARNT says a more careful study of this subject would yield better fruit than the elaboration of Porros' operation and other subjects of similar magnitude.

Obstruction to the removal of milk is a fruitful source of trouble with the breast. Rubbing should be resorted to, or an older and stronger infant applied. Care and skill are needed in the employment of massage. Mastitis is a source of considerable mortality from sepsis. It may occur as subcutaneous glandular or sub-glandular mastitis. To prevent suppuration the breasts should be carefully emptied. Careful massage may stimulate the capillary circulation and diffuse the local induration. Hot tincture of opium on absorbent cotton will control the pain. When suppuration occurs two objects should be in view: hasten the healing process and prevent scarring. The unguentum plumbi iodidi is a good remedy in many of these cases.—*Med. Age.*

TREATMENT OF RETAINED PLACENTA AFTER ABORTION.

Contrary to the views held by Dr. PAUL F. MUNDÉ, who strongly advocates its forcible removal, Dr. Hiram Von Sweringen, (*Obstetric Gazette*, June, 1883.) with equal emphasis cautions us to let the placenta alone after abortion. In addition to his own experience he cites that of many others, who all unite in the recommendation that it is best to leave the removal to nature. Rest and ergot are his therapeutic resources. If there is hemorrhage, hot water injections; if much pain, opium; if it does not come away in two or three days, carbolized injections; but *never* force.—*Med. and Surg. Rep.*, July 14.

HYDROPS CHORII.

Dr. JOHN MORRIS reports a case in the July number of the *Medical Chronicle* which puzzled him very much, as he feared he had to do with some serious anomaly. After rupturing the membranes and an abundant discharge of waters, a shining blue cyst appeared at the vulva. After some difficulty, he succeeded in finding the head of the child presenting normally above the brim of the pelvis. Just as the head emerged from under the pubis, this cyst suddenly burst, pouring its contents over the bed.—*Med. and Surg. Rep.*, July 28.

DIET IN PREGNANCY.

The diet of the pregnant woman should not be too exclusively starchy, but should include meats, oat-meal, Graham flour and other articles containing lime salts' as in some cases dental caries progresses very rapidly during pregnancy and the few months following it. In some cases it may be necessary to meet the demand for the lime salts by a direct supply in the way of medicine, whenever it is apparent that the teeth are suffering.—*Med. Review.*

METHOD OF DESTROYING THE FŒTUS IN CASES OF EXTRA-UTERINE PREGNANCY.

Dr. KOCHMANN, of Strasburg, reports a case of extra-uterine pregnancy, six months advanced, in which the fœtus was destroyed by a single application of sparks from a static battery. The duration of the sitting was about fifteen minutes, and sparks about one and one-half centimetres long were drawn.—*Med. Record.*

DISEASES OF WOMEN.

SUPERINVOLUTION OF THE UTERUS.

The uterus may become smaller than normal in a woman before the menopause. Thus, in phthisis, in paraplegia, as the result of pelvic inflammation and of endometritis and metritis, the uterus may become small. This is properly an atrophic process. The small uterus known as the superinvolted uterus follows child-birth or abortion, and is thus in its etiology separable from the atrophic forms given above.

Pathology.—The uterus may vary in size from less than two and one-half inches to such a degree that it cannot be defined dimanually.

The ovaries may be atrophic, and the vagina narrowed at the top as in old women. Frommel met with it in twenty-nine out of three thousand cases—a proportion Müller, of Berne, thinks too low. Prof. Simpson had met with it in twenty-two out of thirteen hundred cases (1.7 per cent.) The ages in his own cases ranged from twenty-one to forty (average, thirty).

Etiology.—Constitutional disease predispose to it, *e. g.*, phthisis, Addison's disease, and anemia. Flooding after labor predisposed to it, and he had seen it associated with pureperal insanity. Over-lactation and local inflammatory conditions were also important factors.—(Prof. A. R. Simpson.)—*Amer. Jour. Obst., June.*

ADVANTAGES OF IMMEDIATE OPERATION FOR LACERATED CERVIX.

Dr. E. P. MURDOCK thus concludes a paper on this subject (*Western Med. Reporter*, June, 1883):

1. It is in accordance with the well established maxims of all good surgery that the operation to repair an injury should be performed at the earliest possible moment, to secure union by first intention, to prevent deformity, and to prevent sepsis.

2. It saves the patient the incalculable annoyances of preparatory treatment with its physical burdens and mental anxiety contemplating a secondary operation.

3. It gives the patient the best possible chance to escape septicæmia, subinvolution, and all the other complications which follow cervical lacerations.

4. It saves the patient much time, great expense, and avoids a deformity which in many cases would never be repaired by plastic surgery.—*Med. and Surg. Rep., July 28.*

FOREIGN BODIES IN THE UTERUS.

Dr. J. A. WESSINGER very wisely calls attention to this matter in the *Med. Age*, June 25, 1883. He relates the case of a woman who, after an abortion, became very weak from repeated hemorrhages, to relieve which her husband had tamponed the vagina. This was removed, placenta taken away, ergotin and rest prescribed, and the woman improved. A few days before the next menstrual period she had another severe hemorrhage, which was controlled by the same treatment. Again, at the approach of the next epoch, she began to suffer from a peculiar feeling of weight in the pelvis, severe pain in lower portion of spine, and offensive vaginal discharge. A careful uterine examination detected a foreign body, which upon removal proved to be a piece of cotton cloth, probably introduced by the husband when placing the tampon. Under iron and quinine the woman made a rapid recovery.—*Med. and Surg. Rep., July 28.*

SACCULATED BLADDER.

Sacculated bladder in the female is a very rare disease. In three thousand autopsies twenty sacculated bladders were found, but they were all in men. (*Lancet*.) In none of them was it large enough to attract attention during life. The only cause of this condition in the female is either spinal disease or pelvic cellulitis, setting up cystitis or causing abscess opening into the bladder. Dr. White showed at the London Pathological Society a sacculated bladder from a woman who had been under treatment for hæmaturia and pyuria. On post-mortem examination an opening was found between the orifice of the urethra and the left ureter, which led into a cavity containing very offensive fluid, and larger than the bladder itself. There was a small abscess behind the uterus, and one in the kidney. The urine retained in this diverticulum decomposed, and it was impossible to cure the cystitis thus caused.—*Med. Review*, June 30.

IODOFORM DRESSINGS IN LESIONS OF THE PERITONEUM.

The use of iodoform in cases of ovariectomy and other operations in the abdominal cavity has given exceptionally good results, but exposes the patient to the serious risks attending absorption of the toxic agent.

To avoid this, M. Kuster recommends for peritoneal dressings a layer of sponge impregnated with iodoform, so that but a very small quantity of the drug remains on the surface of the sponge.

In this way there is enough iodoform to insure perfect antiseptis, and not sufficient to induce toxic accidents through its absorption.

A tampon containing iodoform should at the same time be introduced into the vagina.—*Med. and Surg. Rep.*, June 9.

PLASTER OF PARIS PESSARY.

Dr. B. F. DAWSON stated that he wished to record that he had made use of plaster of Paris, molded within the vagina, with the most decided success, in two cases of displacement of the uterus (*N. Y. Med. Jour.*). The first case was that of a woman suffering from anteversion and a very aggravated prolapse of the left ovary. She was placed in the knee-chest posture, and pledgets of absorbent cotton, each with a string attached, soaked in a mixture of plaster of Paris and water of about the consistence of gum, and partially squeezed out, were placed in the posterior fornix of the vagina and around the vaginal portion of the cervix, and held in position. The vagina was then cleaned out, in a few moments the cast had hardened, and the patient went away with instructions to withdraw the instrument should it cause pain. When she came back at the end of three days she said she had experienced great relief. On removing the plaster pessary, the mucous membrane with which it had come in contact, instead of being irritated, as one might have expected, was found to have benefited by its presence; it was firmer and less irritable than before, and the prolapsed ovary had evidently been sustained. The second case was one of retroflexion, in which the pessary acted not only as a harmless agent, but seemed to give all the uterine support desired. The instruments were removed, placed in fire to burn out the cotton, and dipped into wax or paraffin for the purpose of making them impervious to the secretions and to render them more durable. This method of supporting the uterus commended itself for the facility with which it could be applied, for cheapness, and accuracy of adaptation.—*Med. Review*, June 23.

ANÆSTHESIA BY CAUSTIC APPLICATIONS.

M. JULES GUERIN, at a recent meeting of the Académie des Sciences, related the first case where local insensibility, sufficient to perform an operation of gravity, was obtained by the use of caustics. It was a case of scirrhus

tumor of the breast, presenting two small crateriform ulcerations, non-adherent at the base, and unaccompanied by any glandular enlargements in the axilla.

Her general health was not favorable; she had been troubled for a long period with catarrhal bronchitis, and presented symptoms of heart disease, so that it was not judged advisable to submit her to a prolonged seance of anæsthesia.

About two centimeters from the circumference of the tumor was applied an elliptic layer of Vienna paste about two centimeters wide, completely surrounding the tumor.

After about a quarter of an hour, the patient said that all the pain she felt in the tumor was gone.

Five minutes later the caustic was removed, and a wide dark surface was found where it had been applied.

A platinum thread was passed under the tumor from below upward, so as to draw the breast out from the chest wall during the operation. An incision was then made circularly all around the breast on the cauterized line, and the breast itself detached, partly with the handle of the scalpel, partly with the scissors, with very little hemorrhage—only one arteriole required a ligature—and without the patient making any complaint of suffering. The operation succeeded, there was no fever, the excavation gradually filled in; the cauterized band at its circumference, at first dry and preventing the passage of the liquids of the wound, gradually became detached and disappeared.—*Med. and Surg. Rep.*, June 9.

ULCERATION OF THE OS UTERI.—PINUS CAN.

Dr. GEO. C. PITZER, of St. Louis, states:—If we find an ulcerated os, we make the required local application through a speculum, as follows: R—Kennedy's concentrated aqueous extract of pinus canadensis (dark), one teaspoonful; warm water, one tablespoonful. M. Saturate a wad of cotton batting with this solution, and while the speculum is in place, introduce the saturated cotton through it. That the medicated cotton may be placed firmly upon the ulcerated and inflamed os, we put the hollow bulb conductor into the speculum, and with this we push the cotton entirely through the speculum, and against the uterus. We now carefully withdraw the instrument, leaving the medicated cotton in place. This application may be repeated daily, and after a few times the patient can introduce the speculum and apply the medicine without assistance. As improvement takes place the solution can be made weaker. For local treatment, in such cases, nothing equals Kennedy's Extract of Pinus Canadensis. Richardson & Co., of this city, furnish it in either form required, dark or white. It is astonishing how rapidly vaginal and uterine inflammation subside under this plan of treatment. Tender parts grow less sensitive, itchings and smartings are relieved, prolapsus disappears in many cases, leucorrhæas are cured, and a general change for the better is enjoyed.—*Amer. Med. Jour.*

CHYLOCELE.

A few weeks ago we called attention to Dr. MASTIN's paper on "Chylocele," published in the *Annals of Anatomy and Surgery*. A rather similar condition is now reported by NIEDEN (*Virchow Archiv.*, xc., 350), as occurring in the female. The trouble was in the labia-majora, had persisted sixteen years, and was characterized by small vesicles from which a milky fluid exuded, and, after exertion, in great quantity. External applications having been tried in vain, a portion of each labium was removed with the cautery, hoping that the cicatrix might cause a radical cure. The trouble did cease for two years, when the vesicles reappeared on the right side. Trace of the patient was then lost. Microscopic examination of the excised portion showed dilatation and new formation of lymph vessels. This case is not unique, but one of sufficient rarity.—*Med. Review*, June 16.

LYMPHANGIECTASIS AND LYMPHORRHAGIA.

A young woman who presented herself at the clinic of Dr. PAUL ZUR NIEDEN gave the following history: When she was only nine years old she observed a dropping on the floor of a milky fluid, which the doctors said was leucorrhœa. Two days later she noticed numerous little vesicles, about the size of a pin-head, upon the labia majora, and at the same time the external genitals became swollen. The discharge was very profuse, but was lessened by confinement to the bed. Soon afterward she had an attack of hæmoptysis followed by pneumonia, and there was no further trouble with the genitals for several years. When her menses first appeared, however, the discharge began again. A milky fluid was exuded from the labia in such great quantity that at one time, she said, she collected over two pints in four hours. This was again controlled by rest in bed. When first seen by Dr. Nieden there was no spontaneous discharge, but the labia were studded with little vesicles, which exuded a white fluid on pressure. A small piece was excised from one labium, and for several days there was a flow from the wounded surface in considerable amount—five ounces in one night. The fluid was of alkaline reaction and contained only a few lymphoid cells, but very numerous fat-globules. Treatment consisted in the removal of portions of the labia with the galvano-cautery.—*Deutsche Med. Zeit.*—*Med. Record*, June 2.

PYOMETRA.

Dr. GARDNER gave the following particulars to Medico Chir. Soc., Montreal:—Patient, aged 60, complained of pain in hypogastrium; was losing blood and an ichorous fluid from the uterus; had good health till year previous, Uterus was large; probe entered through ragged tissue into uterus $3\frac{1}{2}$ to 4 inches. Nothing but blood coming away: put in a tent. Was inclined to think the case one of maglignant disease. On removing tent next day, a teacupful of pus, not foetid, was discharged. The curette brought away granulations from the cervix. The cavity was smooth. The nature of the granulations were obscure. The uterus was washed out with iodine lotion. Patient got perfectly well, and has had no return of the disease.—*Can. M. and S. Jour.*, July.

RESORCINE IN THE TREATMENT OF PURULENT VAGINITIS.

CHÉRON has employed it with success in the treatment of vaginitis purulenta, in both the acute and chronic stage. When there is much tenderness, so that a speculum cannot be introduced, a soft catheter or tube is pushed in, and irrigations of from six to ten minutes' duration are practised three times a day of the following: *R.* Resorcin., 10; aquæ, 1000—M.

As a result, the purulent discharge is rapidly reduced, and the soreness subsides, so that a modification of the treatment may be made. He then applies: *R.* Resorcin., 6; amyli glycerit., 60.—M.

This is to be carried to the bottom of the vagina, with the aid of the speculum, upon a tampon of cotton-wool, which is allowed to remain in place for from twelve hours to fifteen hours. The dressing is repeated every second day. Cure is thus obtained more rapidly than with the ordinary emollients and astringents.—*Le Progrès Méd.*—*Med. Times*, July 14.

MEDICATION FOR FIBROID TUMOR OF UTERUS.

In fibroid tumors of the uterus, whether attended by hemorrhage or not, the following treatment is recommended by Dr. Cheron (*Revue Médico-Chirurgicales des Maladies des Femines*).

To reduce the pain, etc., the following unguent is rubbed into the wall of the abdomen night and morning.

Extr. digitalis, 4 grammes; extr. belladonna, 2 grammes; lard, 40 grammes. A portion about as large as a hazelnut is used at each application.

Internally the following solution is taken in teaspoonful doses before each meal.

Bichloride of Mercury, 3 centigr.; distilled water, 300 grammes.

The bichloride of mercury has been shown by Liégois to have a resolving action on the young tissues of new growths.—*Gazette Méd. de Nantes.—Cin. Lan. and Clinic.*

FCETID VAGINAL DISCHARGES.

In the *Recue des Mal. des Femmes*, M. CHERON advises the use of the following formula in offensive vaginal discharges: Twelve grammes of chlorate of potassium, twenty grammes of Sydenham's laudanum, three hundred grammes of tar water. Two or three teaspoonfuls of the mixture are to be used to each litre of water in the injection.—*Med. Review.*

PREVENTION OF MAMMARY ABSCESS.

A mixture of chloroform and glycerine, well shaken and quickly applied, and covered with oiled silk, is highly recommended.—*Druggists' Cir., June.*

DISEASES OF CHILDREN.

ECLAMPSIA NUTANS.

Dr. GANTIEZ relates a case of salaam convulsions which he witnessed in a child, seventeen months old. The attacks were preceded by a period, varying from a few seconds to a minute, during which the child presented an absorbed air, seeming to be a little apprehensive, but not agitated. The eyes were raised and fixed, and there was a little pallor. Then suddenly any toy that was in the hand was cast away, the head was flexed upon the thorax and the trunk upon the pelvis. At the same time the shoulders were slightly raised and the arms thrown forward with the hands extended, as if to prevent a fall. These movements followed each other with great rapidity, sometimes as often as thirty times in succession, but usually only eight or ten times. After the attack the eyes were filled with tears, and there was an expression of astonishment upon the child's countenance. He was easily comforted and soon resumed his play. The attacks occurred about eight times a day, and since they began, at the age of nine months, had never missed a day. Bromide of potassium had failed to exert any controlling influence over the disease.—*Revue Méd.—Med. Record.*

SOME EFFECTS OF NASAL POLYPI IN CHILDREN.

A. JACOBI, M. D., in the *New York Medical Journal*, relates several cases of obstinate asthma or emphysema in children, where a nasal polypus was discovered and removed, when improvement immediately set in.

What is the explanation of the relationship existing between the presence of the nasal polypi and the asthmatic attacks, if any such exist?"

It is well known that the presence of any irritation of a mucous membrane will produce effects even at a distance.

We often see nasal catarrh coexisting with enlarged nostrils—treatment of the latter curing the former; it is, in fact the result of reflex action.

The doctor also speaks of the relationship between asthma in the adult and the presence of nasal polypi.

Chorea minor, he says, is due almost exclusively to a local irritation of the mucous membrane, associated with chronic nasal pharyngeal catarrh, the chronic symptoms becoming aggravated during acute exacerbations of the catarrh. An intimate relation exists between the nervous system and the

nasal mucous membrane; the trigeminus, with all its branches, is subject to direct or reflex irritation, arising from inflamed condition of the nasal mucous membrane.

The lymphatic system of the nasal mucous membrane and that of the dura mater and the arachnoid membranes are in intimate relations with each other.—*Med. and Surg. Rep.*, June 2.

MASTITIS.

This infant is twelve days old, well developed and nourished, and but for an affection of the right breast, perfectly healthy. The right breast is swelled, reddened, the nipple sunken, and palpation gives distinct fluctuation. We have an inflammation of the glandular tissue, a condition not uncommon in children of this age. The breasts of new born children, boys as well as girls, resemble, in some particulars, those of a lying-in woman, they swell and contain a milk-like secretion and feel knotty. The secretion under the microscope bears out the resemblance, although the corpuscles are not as abundant as in woman's milk.

Chemical analysis also shows the similarity of the two fluids. It seems to sustain some relation to that peeling off process that takes place not only in the skin and mucous membranes, but in the salivary, oil, sweat, and other glands. A section of the milk gland at that time shows its ducts widened and filled with epithelial debris. This clinical observation may have some physiological significance—the desquamation and disintegration of the glandular epithelium may relate in some way to the origin of the milk. The quantity of milk is sometime so great that an incision causes it to flow free from the products of inflammation. In some cases there is a circumscribed phlegmonous abscess, entirely independent of the gland, again part or the entire glandular tissue may be involved. The pus can break into a large duct and stream from the nipple, or one lobe after the other is affected and necessitates several incisions. In exceptionally unfavorable cases the abscess may extend over the thorax open in an intercostal space and occasion a fatal pleuritis. Mastitis is either primary or secondary. It attacks healthy children as well as those who are suffering from other suppurative processes or other diseases. It is often the first symptom of pyæmia. Cover the glands with cotton—in making incisions, especially with girls, cut radiating from the nipple.—*Dr. Eppstein's Clinic, Prague.—Obst. Gaz.*

RETROVERTEBRAL ABSCESS IN INFANTS.

M. GUÉNIOT discusses, in the *Revue des Invalides de l'Enfance*, an affection sometimes present with children in which diagnosis is extremely difficult. A retrovertebral abscess simulating meningocele, the etiology being obscure. He reports two cases. An infant fifteen days old presented in the dorsal region, just over the median line, a tumor about the size of a nut, fluctuating, increasing in volume during crying, without any surrounding induration, or the least change in the aspect of the surrounding tissues. The tegument was healthy, without a trace of œdema. It was uncertain whether it was congenital or had arisen after birth. Its size rapidly increasing, M. G. introduced an exploring needle and found pus, he made a large incision without recognizing an alteration in the bone. The child was making a good recovery when it died suddenly. In the second case the tumor was in the cervical region, and healed after incision. M. G. remarked that these tumors and hernia of the meninges of the cord had three characteristics in common—the seat of the tumefaction in the median line and the depths of the region, the tension and even a certain expansion under the influence of the infant's cry, the complete absence of œdema, and the preservation of the normal tint. Regarding the site, it is necessary to remember that in childhood, especially in the first years, there is no part of the body which is not capable of offering a nidus for suppuration. The second characteristic was regarded as pathognomonic of meningocele, can be explained by the numerous anasto-

moses between the veins within and without the cord. The third is occasionally met with in the abscesses of infants. In obscure cases the only resource is exploring puncture—*Obst. Gazette, June.*

MENINGITIS IN CHILDREN.

Dr. VOVARD (*Jour. de Medicine, Bordeaux,*) claims good results both in tubercular and non-tubercular meningitis of children from potassium iodide internally and the application of oilum tiglii to the scalp. The head is shaved, croton oil applied, and after the pustules have appeared they are smeared with an irritating cerate. Hebra and others have had similar results from the application of antimony ointment.—*Can. Lancet.—Atlanta Med. Register, July.*

CARCINO-SARCOMA OF THE UTERUS IN A CHILD.

Prof. ROSENSTEIN has recorded an example of alleged mixed sarcoma and carcinoma of the uterus in a child two years old, (*Lancet*). The child was taken to the doctor chiefly because it had not passed water for three days. On examination a tumor of the belly was detected, which was partly due to a distended bladder. After seven hundred cubic centimetres of urine had been drawn off a tumor was still felt which reached about three fingers' breadth above the public symphysis. The child died on the fourteenth day. At the post-mortem the uterus was found closely adherent to the bladder, an irregularly rounded tumor was seen projecting above the apex of the bladder, and apparently springing from the right lateral wall of the uterus, which was tilted toward the left; this nodule extended for about an inch beyond the limits of the fundus. Another nodule the size of a walnut was seen to project from the left of the fundus.—*Louv. Med. News, June 28.*

ARREST OF DEVELOPMENT, GIANT GROWTH, AND LIPOMATOSIS IN AN INFANT.

Dr. A. JACOBI presented a case to the Soc. German Phys., occurring in the practice of Dr. H. Moeller, of remarkable arrest of development, coupled with giant growth and the formation of multiple diffuse lipomatous neoplasms in an infant nine months old. The child was one of two surviving out of five, and had weighed thirteen and a half pounds at birth. Cyanosis of the lips was noticeable; there was an extensive cutaneous telangiectatic formation in the right half of the thorax and abdomen; the left foot was of gigantic size, and a curious feature of the same was that the little toe was about six times the size of the great toe. The right knee joint contained no patella, and voluntary superextension of the extremity could be carried to an angle of 240°. The left half of the head being larger than the right, and the left ear being situated about an inch to the rear, gave an apparent wryness to the head. The child had a dull, vacant expression, and had not been known to smile.—*N. Y. Med. Jour., July 28.*

RARE FORM OF IMPERFORATE ANUS.

Dr. RAMONET relates the case of a child, three days old, who was brought to him on account of imperforate anus. There were up to that time no symptoms of strangulation of the bowels. The perineum presented a perfectly plane surface without elevation or depression to indicate the point at which the rectum terminated. But at the upper and posterior part of the scrotum, at the median raphé, there was a small orifice through which a little meconium escaped. A sound introduced into this orifice could be passed

backward just beneath the integument to the point at which the anus ought to be. The operation showed that there was no deviation of the rectum; it was formed and ended in the normal situation. The anus, instead of opening directly, formed an elbow beneath the skin and terminated with a fistulous opening at the root of the scrotum.—*Revue Méd.—Med. Record*, July 28.

OSSIFYING MYOSITIS.

At the last congress of German surgeons Dr. KUMMELL, of Hamburg, presented a case of "Myositis Ossificans Progressive," in a child of twelve years. The condition first manifested itself at the age of four years, and the present condition of the patient is simply deplorable. The head has only a very limited motion in the anterior-posterior direction; the shoulders are so firmly fixed that there is no movement above the elbows, while the disease is encroaching upon the abdominal tract and the muscles of the lower extremities.—*Med. Rev.*, June 30.

IODINE AND BLISTERS IN TABES MESENTERICA.

In tabes mesenterica, Dr. BOUCHUT, of the Children's Hospital, recommends the application of blisters, or the tincture of iodine, upon the abdomen. If ascites be present, tapping should be employed without hesitation. The régime to be followed should be very severe—beef-tea, eggs, raw milk, and claret. If diarrhœa be present, enemata of borax, one drachm each time, should be given, and three or four teaspoonfuls of glycerine in the day, by the mouth. Bismuth, or phosphate of lime, would be very useful. Your correspondent tried this treatment in an apparently hopeless case, and a rapid recovery ensued. This disease was far advanced, and the child was abandoned by its ordinary medical treatment.—*Med. Press and Cir.—Med. Record*.

COMBATING FEVER IN YOUNG CHILDREN.

It is often difficult, and in fact not without danger, to administer any efficient febrifuge to young children. In such cases the administration of sulphate of quinine by inunction offers many advantages.

The absorption of the salt is rendered possible by the extremely thin epidermis in very young children. The following unguent will be found efficient.

R. Quinise bisulph., gr. xxx; camphoræ, gr. xv; unguent. simpl., 3vj. M.

A small quantity may be rubbed in over the groin or in the axilla.—*Med. and Surg. Rep.*, June 28.

MUCUS DIARRHŒA.

In a case of mucus diarrhœa in a child of one year of age, Dr. BRUEN, (Phila. Hosp.), prescribed what he called his favorite prescription.

R. Bismuth. subnit., gr. lx; fl. ext. rhubarb, gtt. viij; syrup. blackberry, fl. 3ss; elixir orange, fl. 3ss. M.

Of this the child was ordered to take a teaspoonful four to six times a day. Proper feeding—barley-water, milk and limewater—was also directed. Starchy food was positively prohibited.—*Canada Lancet*.

DIARRHŒA IN INFANTS.—ALBUM. TAN.

Dr. LEWIN has found great success in the treatment of diarrhœa in young infants by giving them soluble albuminate of tannin, made by adding white of egg to a solution of tannin; the white of egg must be previously beaten up with some water.—*Bulletin de Thér.—Therap. Gaz.*, July 16.

ADDENDA.

ACTION OF RAREFIED AIR ON RESPIRATION AND CIRCULATION.

The following is a short abstract of the investigations of GRUMMACH on the physiological action of respiration in an atmosphere of varying density.

Grummach studied the effect on the respiratory and circulatory system by means of Waldenburg's apparatus, and reached the following conclusions:

Arterial tension is increased in an atmosphere of rarefied air and diminished when the air is condensed.

These conclusions have been verified by Basch, Schreiber, and Sommerbrodt, though their experiments were conducted in a different manner.

From a therapeutic standpoint the investigations may be of benefit, since the author claims that expiration in a rarefied atmosphere causes a ventilation of the lungs by diminishing the space normally occupied by the residual air. In this way a larger portion of air containing impurities is removed from the lungs than by forced expiration.

This procedure is recommended by the author in emphysema. The inspiration of condensed air increases the ventilation of the lungs by enlarging the space for complementary air to such an extent that more air is taken into the lungs than could be done during forced inspiration.

Deformities of the thoracic cavity, as well as a phthisical habit, would be markedly benefited by this plan of treatment.—*Deut. Med. Zeit.*—*Cin. Lan. and Clinic.*

HORSFORD'S ACID PHOSPHATE IN WAKEFULNESS.

Dr. J. C. How, Haverhill, Mass., says:—"I have made use of Horsford's Acid Phosphate principally as a pleasant beverage for convalescents. The only special use I have made of it has been in nervous cases of inability to sleep; a sort of chronic wakefulness. In these cases I think I have seen great benefit from the steady administration of the acid, more so than from any other way of giving phosphorus."—*Drug World.*

HAMMER CRAMP.

At a recent meeting of the Medical Section of the Academy of Medicine in Ireland, a report of which we find in the "*British Medical Journal*," Dr. R. McDonnell showed a young man, aged twenty-two, whose right arm was subject to muscular spasms. He was a nailer, and had been, since he was eleven years old, more or less hard at work at this occupation. The spasmodic jerkings of the muscles, which interfered with his occupation, began about seventeen months ago, and, after the first three months, became so violent that he had to give up work altogether. The case was one of functional spasm unaccompanied by pain. This was an affection very similar to writer's or scrivener's cramp, although all the muscles supplied by the brachial plexus seemed to be affected, and those around the shoulder joint, especially the great pectoral, seemed to be most so. The treatment consisted in regular, orderly, rhythmical movements of the limb as was successful in a very similar case reported by Dr. G. V. Poore in the "*Practitioner*" for September, 1872.—*N. Y. Med. Jour.*, June 9.

LISTERINE.

GEORGE J. ENGELMANN, M.D., Professor of Obstetrics in the Post-Graduate School of the Missouri Medical College, says:—"In the sick-room, especially the lying-in chamber, Listerine answers a most excellent purpose as a disinfectant, purifying the atmosphere, and removing the offensive odor without substituting one almost equally disagreeable, as is the case with many of the remedies in use. As a mouth-wash, properly diluted, it is reliable and agreeable; diluted with water or glycerine it speedily corrects certain fermentative forms of indigestion, and is of more or less service in the catarrhal conditions of all mucous membranes.

"The happy effect of Listerine upon these less sensitive tissues, and the favorable reports of chemical and microscopical tests, emboldened me to try the new antiseptic in abdominal surgery, as I rather dread the effects of carbolic acid upon raw surfaces, and especially upon the peritoneum.

"In a most desperate and important ovariectomy it was used throughout, in the spray (full strength), for cleansing sponges, body, etc., and finally upon the pedicle, which, large and unwieldy as it was, was dropped; in the post-mortem examination this was found in a most excellent condition, as were all the other parts, especially the peritoneum, and the abdominal incision had united by first intention.

"In a case of Battey's operation, I used Listerine with equal freedom—three sprays constantly at work—but, as is my habit, not directed over the wound. On account of incessant bleeding from the stitches, much sponging of the abdominal cavity was necessitated, and the result was as favorable as could possibly be expected. The abdominal incision united by first intention, and the patient recovered with but a very moderate peritonitis.—*Obst. Gaz.*

PARASITES IN THE HUMAN BLOOD.

We note the following from the *Proceedings of the Med. Soc. of the County of Kings*:

Recent investigations have added greatly to our knowledge of the more highly organized parasites of the helminthoid type. For example, it has been ascertained beyond doubt that the blood-vessels of a human being capable of performing his daily avocations may contain from 20,000 to 30,000 minute embryo nematoid worms. A physician from Calcutta demonstrated this with regard to persons in that climate. Numbers of individuals so affected suffer from chyluria, or elephantiasis in one or other of its forms; but this is by no means universally the case. Researches have also revealed the curious fact that these teeming multitudes of nematoids lurk in some unknown recesses of the vascular system during the daytime, and that only as night approaches do they wander at large through the vessels generally. Experts assure us that a single drop of blood taken from the prick of a finger at midnight in a person so affected may contain as many as 200 embryo nematoids, while many drops similarly obtained at midday will not reveal a single worm.—*Med. and Surg. Rep.*, June 9.

COLDEN'S LIQUID BEEF TONIC.

The following is to the point concerning Colden's Liquid Beef Tonic.—"I regard it as extremely useful in cases of debility and general depression, and as an article of food containing tonic properties it is highly useful.—A. Jackson, M.D., Professor Laval University, Quebec.—*Drug News.*

SIMPLE FORM OF CAUTERY.

Dr. Post says that he is in the habit of employing a form of actual cautery which, upon the whole, he much prefers to Paquelin's cautery. It consists of six short wires grouped together, with which, after heating it in a lamp

close at hand, six small burns can be made simultaneously, instead of one after another. If heated only moderately, a number of small scars can be made, which for many purposes is preferable to the single eschar produced by a large cautery. The amount of irritation produced by this multiple cautery is very moderate, and the burning sensation resulting from its application is relieved as by a charm by a strong solution of bicarbonate of soda. After the first day an ointment made of a drachm of extract of stramonium to an ounce of vaseline greatly relieves the pain. Dr. Post finds this cautery very useful in almost all cases of chronic inflammation about joints, especially when it is attended with great induration of surrounding tissues, and also in various instances of deep-seated pains.—*Med. and Surg. Rep.*

THERAPEUTIC EFFECTS OF CORN-SILK.

Dr. DU CASSE (*Progrès Médicale*) after extended experiment with this substance, indorses the following conclusions of Dr. Landrieux respecting it. First, the various preparations of corn-silk are not only of value as alterants of the urinary secretions, but they possess an incontestable diuretic value. Second, the drug has a rapid diuretic effect, and the increase of urine is in three or four days very marked. Third, the results of the diuresis so produced are observable not only in the urinary apparatus, but in effects produced on the general circulation.—*Gaillard's Med. Jour.*

IODIA.

Dr. C. F. BEVAN, Prof. Anatomy Genito-Urinary and Orthopedic Surgery, College Physicians and Surgeons, Baltimore, Md., says: "Iodia, as manufactured by Battle & Co., of St. Louis, Mo., I have used and found thoroughly reliable.—*St. Louis Cour. Med.*

TO ABORT A STYE.

Dr. LOUIS FITZPATRICK, who has recently returned from Egypt, where all kinds of eye affections are extremely common, writes to the *Lancet* that he has never seen a single instance in which the stye continued to develop after the following treatment had been resorted to: The lids should be held apart by the thumb and index finger of the left hand (or a lid retactor, if such be at hand), while tincture of iodine is painted over the inflamed papilla with a fine camel's hair pencil. The lids should not be allowed to come in contact until the part touched is dry. A few such applications in the twenty-four hours are sufficient.—*Can. Med. Record, June.*

CINDERS IN THE EYE.

One of the minor trials in railway travels arises from cinders in the eye. A simple and effective cure may be found in one or two grains of flaxseed, which can be placed in the eye without pain or injury. As they dissolve, a glutinous substance is formed, which envelopes any foreign body that may be under the lid; and the whole is easily washed out. A dozen of these seeds should constitute a part of every traveler's outfit.—*Popular Sc. News, June.*

IDO-FERRATED SYR. OF COFFEE.

PAVESI (*Druggist*) gives the following formula for an ido-ferrated syrup of coffee, which is especially adapted, from its agreeable flavor, for use in cases of serofula occurring in children: R. Syr. ferri. iod., syr. coffee, aa partes æquales. The dose is one-third that of syr. ferri. iod.—*Gaillard's Med. Jour.*

PILLS OF LUPULIN AND CAMPHOR.

A writer in a Bohemian journal says that the preparation of these pills is decidedly difficult if the size of the pills is to be kept within reasonable dimensions. This is due to the fact that lupulin and camphor do not combine easily to form a plastic mass.

By the addition of a very little ether a mass will be obtained from which very small pills can be made, that are quite easy to take.—*Drug. Cir., July.*

SYRUP OF CASTOR OIL.

The following formula is taken from the *Farmacista Italiana*: Picked gum arabic, grams 54; orange-flower water, grams 142. Make a thick mucilage with a portion of water, and in a marble mortar; mix this with 142 grams of fresh castor oil until perfectly mixed; add finely-powered sugar, grams 196; the rest of the orange-flower water and 8 grams of cinnamon-water. After well mixing in the cold, raise it by a gentle heat to the boiling point; cool, skim, and preserve.—*Med. and Surg. Rep., July 28.*

BEST FORM OF ADMINISTERING IODIDE AND BROMIDE OF POTASSIUM, ALSO SALICYLATE OF SODIUM.

From *New Remedies*, July 18, 1883, we learn the following: According to Dr. Seguin, these salts are best exhibited in slightly alkaline, natural or artificial carbonated waters. Given in this manner, both the iodide and the bromide are less irritating to the mucous membrane of the stomach, the disagreeable taste is very much masked, and the salts are more quickly and more thoroughly absorbed.

Salicylate of sodium is best administered in the same manner.—*Med. and Surg. Rep., July 28.*

TO DISGUISE THE TASTE OF MEDICINES.

Bitter and nauseous salines are best taken simply diluted with iced water. A mouthful or two of iced water, before or after the dose, to blunt the sense of taste, and the dose between them in a wineglassful of iced water, renders it easily taken by most persons.—*Squibb's Ephemeris.*

POISONING FROM EASTER EGGS.

A gentleman in Portland, Oregon, the week following Easter, having a small scratch on his hand, handled eggs which had been dyed. The coloring matter entered the wound, which became much inflamed and the arm was swollen to the shoulder. He recovered after a week's illness.—*Drug. Cir., July.*

TEST FOR IODINE IN THE SYSTEM.

Dr. STARKE makes use of the following test to ascertain whether his patients have followed his directions when he prescribes iodides. It might also be made use of by a physician to learn whether a patient has taken iodides against his wish. He lets the patient spit on a strip of white paper and then spreads some calomel over it, or he sprinkles calomel on any sores that the patient may have. The calomel turns bright yellow if there is any iodine in the system.—*Med. Neuigkeiten.—Drug. Cir., July.*

QUARTERLY EPITOME.

EDITORIAL DEPARTMENT.

IMPORTANCE OF PHYSICIANS HAVING SOME TECHNICAL KNOWLEDGE OF LAW.

The foregoing proposition was forcibly called to our attention lately, by a railway accident, than which few occurrences are more impressive.

Upon the occasion referred to, among other victims, was a gentleman, in the prime of life, and the flush of business success, who was fatally injured, though conscious and clear in his mind. He realized the importance of a certain disposition of his property; but there was no lawyer at hand, and he had postponed until too late "setting his house in order."

Physicians were summoned and after much delay, arrived. Appreciating that their professional services were unavailing, their efforts were directed toward arranging, in form, the last will and testament of the dying man.

But with all their erudition as physicians they were an utter failure as lawyers.

Not one of them knew the requirements of the law necessary to be observed in order to make a valid will, and the document produced as such is too unsatisfactory to admit of probate and will be followed by expensive and acrimonious litigation.

It is the opinion of lawyers with whom we have consulted, that there is not even one per cent. of physicians in this State who are familiar with the

duties they might perform in similar cases of emergency.

While it is true that no specific form of words is necessary to constitute a valid will, and that any language which clearly states the desires of the testator in the disposal of his property may be adopted—their are certain technicalities which it is important to observe.

1st. In order to constitute a valid will, it must be signed at the end thereof, by the testator, and not endorsed upon the back of the instrument, like an endorsement upon a promissary note or bank check.

2nd. The will must be witnessed by at least two subscribing witnesses, who must subscribe their names thereto as such subscribing witnesses, in the presence of each other, and in so witnessing, must write opposite thereto, their respective place of residence.

3rd. The testator must request the subscribing witnesses to become such, and must declare to them at the time that the instrument then being executed is *his last will and testament*.

It is not absolutely necessary that the subscribing witnesses should see the testator sign his name to the will, but it is sufficient if he acknowledge to them that it is his signature.

It is essential in all cases, that the testator declare to the subscribing

witnesses that the instrument then being executed is his last will.

The will need not be under the seal of the testator.

These formalities are usually embodied in what is known as the "*Attestation Clause*" at the end of the will—as follows:—

ATTESTATION CLAUSE.

"The foregoing instrument was on this ——— day of ——— A. D. 1883, subscribed by ——— the testator above named, in the presence of each of us, who acknowledged that the said will was his last will and testament and requested each of us to sign our names thereto as subscribing witnesses, which we hereby do.

A—— B—— residing at ——

C—— D—— residing at ——

Each and every *Codicil* to a Will must be executed with the same formalities of witnessing, although not necessarily by the same witnesses.

The importance of this attention is evident when it is remembered that the testator, in a *Codicil*, may annul the entire force of preceeding paragraphs in the instrument, by appending one short sentence, properly attested, as his final act.

There are other conditions in the vocation of the physician in which certain knowledge of law as affecting his professional acts might save him much embarrassment, and we rarely pick up our Exchanges but that some one of them contains a report of a decision affecting the members of the medical profession. Among these we have recently noticed the following—regarding our rights as witnesses in possession of professional secrets obtained by confession or observation while in attendance.

This question has recently been tried before the Supreme Court of Missouri. The law of that State declares that a physician "shall be incompetent to testify concerning any information

acquired by him from any patient whom he may be attending in a professional character, and which information was necessary to enable him to prescribe as a physician or operate as a surgeon." The court held in the case in question that it will not do, while the mouth of a physician is closed as to the talk of his patient, to open it as to knowledge acquired from his own diagnosis of the case.

It thus sustained the law and the principle underlying it, and the decision is an important one.

The law of the State of New York is very much like that in Missouri. In England, however, the highest legal authorities have decided that medical men enjoy no special privilege with regard to secrets of a professional nature.

Also, as regards the law of libel, the impression prevails among physicians, that they are legally restrained from publicly exposing the existence of unsanitary conditions liable to induce an epidemic disease, provided such *exposé* deteriorates the financial value of the property.

Last summer the *Register* of Red Bank, N.J., John H. Cook, editor, gave warning of the presence of typhoid fever there. The authorities, instead of correcting the bad condition of the town, entered suit against the editor for libel. The case was recently tried and the report is as follows:—

The indictment of John H. Cook for libelling the town of Red Bank was moved for trial and continued. The State failed to make out a case, and Judge Walling instructed the jury to bring in a verdict for the defendant, which they did without leaving their seats. No evidence was offered on the part of the defence. Judge Walling said it was a very simple case. "The indictment," he said, "was based on the idea that it is a criminal offence to publish articles by means of which

merchants, hotel-keepers, etc., were injured financially. There can be no dispute by counsel on either side that the health of a place is legitimate matter of discussion. It seems to me there can be no libel where the editor publishes the truth, whether it was injurious in financial results or not. It does not appear to the court that these alleged statements are untrue. The State has elected to stand on a publication in the *Register*. Looking over the evidence, I fail to see that the State has proved that this statement was false, which they must do. It must be untrue to make the editor liable. It seems to me it is the duty of the court to instruct the jury to

acquit the defendant. How far the constitutional provision should be considered, which makes the jury judges both of the law and the fact, the court will not say, but it does not take away the right of the court to instruct the jury to acquit the defendant, which we will do."

We cannot undertake, here, to enumerate all the legal technicalities which it might be serviceable to the physician to have clearly defined and applied—and would respectfully submit the subject to our Lecturers on Medical Jurisprudence, to look up the points and embody the same in an extra lecture or two before their respective classes of medical students.

BOOKS RECEIVED.

A TREATISE ON DISEASES OF THE EYE. By J. Soelberg Wells, F.R.C.S., King's College, London, &c., &c. Fourth American, from the third English edition, by Charles S. Bull, A.M., M.D., New York. Philadelphia: H. C. Lea's Son & Co.

MEDICAL ECONOMY DURING THE MIDDLE AGES: A Contribution to the History of European Morals, from the Time of the Roman Empire to the Close of the Fourteenth Century. By George F. Fort, author of the "Early History and Antiquities of Freemasonry." New York: J. W. Bouton, 1883. Pp. xii-488.

LESSONS IN QUALITATIVE CHEMICAL ANALYSIS. By F. Beilstein, trans-

lated and enlarged by Chas. O. Curtman. St. Louis Stationery and Book Co., Publishers.

COMMENTARY ON THE CHANGES AND ADDITIONS OF THE U. S. PHARMACOPOEIA. For the use of Physicians. By Max J. Breitenbach, 61 Bowery, N. Y. *Free on application.*

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THE MEDICAL PROFESSION.

President ELIOT, of Harvard, at the annual dinner of the Massachusetts Medical Society, said: As I am not a physician, I am at liberty to say some things which need to be said, but which the modesty and reticence of the educated physician prevent him from uttering. From certain public discussions, which have attracted popular attention during the past five months, it would be easy for hasty or ignorant people to infer that the medical profession was thoughtless of the poor, indifferent to their sufferings, and careless of their fate. Let me bear my testimony that the facts are all the other way. I believe that the medical profession in these days, in city and country alike, renders more direct personal service to the poor and friendless, for clear love of doing good and of learning to do more good, than all the other professions put together. Who give daily services without recompense to sick and wounded poor people in thousands of hospitals and dispensaries all over the civilized world? Physicians and surgeons. The poorest and most friendless man in the city knows that if he meets with a serious accident or is attacked by a grave disease, he is sure of the prompt services of the most skillful surgeons and physicians in the community as soon as he is carried to a hospital. Who care tenderly for friendless mothers, sick children, and deserted infants, patiently exerting their best skill to save life, mitigate suffering, and restore health? The physicians of lying-in hospitals, children's hospitals, and infant asylums. Is it the lawyers who have learned at last how to bring up motherless babies successfully? No, sir, it is the physician. Who established in Boston those admirable nurseries for the babies of the poor working women? Young physicians, not long out of the medical school. To whom does society owe it that every insane pauper is more humanely and rationally treated to-day than the king's daughter would have been, if insane, two centuries ago? Not immediately to the doctors of theology, or of law, but to the doctors of medicine. Who has delivered modern society in great measure from those horrible plagues and pestilences, like the black death, the smallpox, and the Asiatic cholera, which periodically desolated Europe but a few generations ago? The medical profession. This immense service has not been rendered solely for pecuniary rewards, or to the rich and great alone, but freely to the poor and humble, and chiefly to them. Indeed, gentlemen, if there are any portions of modern society which have especial reason to be grateful to the medical profession for services already rendered, and to promote the advancement of medical science and the improvement of medical education in the sure hope of still greater benefits to come, it is the poorer and less educated portions. They have more need of medical and surgical aid than the well-to-do, for their exposures are greater. It is for them to insist in their own interest, that what his excellency, the governor, has felicitously described as "the decent and humane provision of the statute" concerning anatomical science be made effective to the end in view. Let them not imagine that the educated physician whose whole life is given

to the study and service of the human body, and to the alleviation of human suffering, can be without reverence for that body or without sensibility to that suffering. Let them be assured that the improvement of the science and art of medicine is for the common interest of all conditions of men. Even in the present imperfect state of medical science and education, it is a rare family, rich or poor, prosperous or miserable, which has not owed the life of at least one of its members to the skill and courage of some good physician. Even now hardly a man or a woman reaches the meridian of life without having owed relief from agony, or escape from untimely death to the medical art. From the achieved progress of the past hundred years, what may we not hope of the coming? It is for all classes of the community to further to their utmost the development of medical knowledge and skill. That way lies the path of mercy, statesmanship, and reverence for humanity.—*Boston Medical and Surgical Journal*.

POLITICAL INFLUENCE OF THE MEDICAL PROFESSION.

This subject, which is just now receiving considerable attention in England, is one well worthy of the consideration of our own profession.

Politically, the medical profession is notoriously weak and insignificant; and it is our own fault that we are so.

In the halls of justice the legal profession is amply represented, while it is like an oasis in the desert to see a medical man among our legislators.

There are numerous points upon which *we ought* to have legislation, but owing to our own apathy, it is denied to us.

In the minds of the public, the two occupations of the practice of medicine and the practice of politics, seem antagonistic; the doctor should devote his whole time to his profession; and, to a great extent, this idea is correct.

But in our large cities, the profession really possesses much greater power than we are wont to attribute to it; and this power is sufficient, if properly directed, to secure for us all the legislation that we require.

If suitable physicians were selected, say by our large city societies, who would be willing to devote their whole time to this work, the earnest coöperation of the profession could easily secure their election, and we would thus obtain our share of representation in the legislative halls of the nation.

Our interests would thus be properly guarded, while the interests of the public would not suffer; indeed, on the contrary, it would soon appear that "medical legislation" really means "the greatest good to the greatest number."—*Med. and Surg. Rep.*, Oct. 6.

GOOD ADVICE TO DOCTORS.

Do not let your wife or any one else know your professional secrets, nor the private details of your cases, even though they are not secrets; nothing is more mortifying or hurtful to the feelings of patients than to hear that the details of their cases are being whispered about as coming from the doctor or those he has told. If you allow yourself to fall into the habit of speaking too freely of ordinary affections, or submit to be indiscriminately interviewed concerning your patients, your very silence in disreputable cases will betray them. The credit of whole families and the character of its individual members will sometimes be at stake, and unless you shut your eyes and do not see too much, also your mouth, and do not say too much, it may ruin them and involve you. You will be allowed to see people in a very different light from that by which other people view them. The community see one another with a veil over their moral and physical afflictions, over their blasted hopes and the sorrows that flow from love and hatred, their poverty and their crimes, their vexations and their solitudes; you will see their deformities, debilities and deficiencies with the veil lifted, and will become the repository of all kinds of moral and physical secrets. Observe reticence

at your visits, and not mention the private affairs of anybody from house to house. Seal your lips to the fact that patients have or ever had venereal diseases, hemorrhoids, fistula, ruptures, leucorrhœa, constipation, or that abortions, private operations, etc., have taken place, or that any one takes anodynes or liquor, or has this, that or the other bad habit. No matter how remote the time, if patients wish their secrets told, let them do the telling. You have no right to tell the affairs of patients to any one one without their consent.—*From the Physician Himself, by Dr. Cathell.—Med. Bried.*

GOOD ADVICE TO TRAVELERS IN NEED OF MEDICAL ADVICE.

Dr. C. W. CHANCELLOR, in a recent letter from Geneva to the *Baltimore Day*, gives the following excellence advice to European travelers: "I feel I would be but ill acquitting myself of a duty were I to fail to administer an admonition to those of my compatriots who may one day journey into this land, and I hope they will take heed to what I say, for it is wholesome. I would strongly advise Americans who contemplate traveling upon the continent to be very chary of patronizing physicians recommended by *hotel or boarding-house keepers, concierges, porters, etc., etc.*, without first having inquired of their consul or their banker, or some friend as to the standing of the party recommended, for it not infrequently happens that these parties plot together exclusively as a matter of personal gain, and without any regard whatever for the well-being or interest of those whom they advise. It would be well for persons visiting Europe either to obtain the addresses of competent medical men in the various cities they propose visiting before leaving home, or on their arrival to get advice from some reputable person *out of business and above taking a commission*, otherwise they may have a tenth-rate doctor introduced as the 'former physician to the emperor,' the 'chief of the hospitals,' the 'doctor of the American Legation,' or some other high-sounding but fictitious title, and they may be left in his hands to be robbed, maltreated, and perhaps murdered. Travelers, in fact, should *make it a rule to take any other physician than the one proposed by a landlord or concierge or courier, unless the medical man thus recommended be a compatriot, or is endorsed by some disinterested person*; and they should *insist upon having the doctor of their choice—if they have a choice—really sent for, taking no excuse for any delay or neglect in regard to the matter.* There are reliable and *veritable* American physicians in nearly all the large cities of Europe whose addresses can readily be found by consulting the *Directory*, which is in the office of every respectable hotel, or by inquiring at the nearest drug-store."—*Med. Record.*

WHO WOULD NOT BE A DOCTOR?

Quite a number of our young men are studying for the medical profession. We do not wish to deter them from this laudable pursuit, for a physician's calling is one of the most honorable, ennobling, humanizing, and useful in the world. But all is not gold that glitters, and the following are some of the sweets of a doctor's life: If he does not write a prescription for every trifling ailment, he is careless; if he does, "he deluges one with medicine." If his horse is fat, it is because he has nothing to do; if he is lean, it is because he isn't taken care of. If he drives fast, it is to make people believe somebody is very sick; if he drives slowly, he has no interest in the welfare of his patients. If the patient recovers, it is owing to the good nursing he received; if he dies, "the doctor did not understand his sickness." If he talks much, "we don't like a doctor to tell everything he knows," or, "he is altogether too familiar;" if he don't talk, "*we like to see a doctor sociable.*" If he says anything about politics, "he had better let it alone; "if he don't say anything about it, "*we like to see a man show his colors.*" If he does not come immediately when sent for, "he takes things too easy; "if he

sends in his bill, "he is in a terrible hurry for his money." If he visits his patients every day, it is to run up a bill; if he don't, it is unjustifiable negligence. If he orders the same medicine, it does no good; if he changes the prescription, he is in league with the druggist. If he uses any of the popular remedies of the day, it is to cater to the whims and prejudice of the people, to fill his pockets; if he does not use them, it is from professional selfishness. If he is in the habit of having frequent consultations, it is because he knows nothing; if he objects to having them, on the ground that he understands his own business, "he is afraid of exposing his ignorance to his superiors." If he gets pay for one-half his services he deserves to be canonized. Who wouldn't be an M. D.?—*Hebrew Standard—Col. and Clin. Record.*

POST-MORTEM EXAMINATIONS.

The value of properly made post-mortem examinations (*Detroit Lancet*) is not as yet fully appreciated even by physicians as a rule. Rarely outside of a regular post-mortem room of a hospital is a properly made post-mortem to be seen. There is rarely a term of our criminal courts in which one too many undoubted criminals are not set free owing to the bungling manner in which the post-mortem of some individual, supposed to have been murdered, has been made. And the evils do not end with the lack of condemnation of the guilty. Not seldom are the innocent exposed to jeopardy of life and to disgrace of character from the same cause. Of course, science and justice are in this manner simply outraged. But there are another set of problems which can only be solved by a large number of exact post-mortem examinations. Thus, by them, Prof. Beneke has reached the following conclusions, which have been published in a recent circular of the War Department: 1. Before puberty the aorta is smaller than the pulmonary artery; after this period the relation begins to be reversed, and in advanced life the aorta is always the largest. 2. The aorta and pulmonary artery are absolutely smaller in the female than in the male, but relatively to the length of the body there is scarcely any difference between the circumference of the arteries in the two sexes, while the heart in females is absolutely as well as relatively smaller than in males. 3. In adult males the volume of the lungs is greater than that of the liver; in adult females the reverse seems to be true. 4. In men the volume of the two kidneys is nearly equal to that of the heart; in children it is greater. 5. Children have relatively larger intestinal canals than adults. 6. Sudden increase in the size of the heart occurs at the age of puberty. 7. The iliac arteries diminish in size during the first three months of life. 8. The cancerous diathesis is in the majority of cases associated with a large and powerful heart and capacious arteries, but a relatively small pulmonary artery, small lungs, well developed bones and muscles, and tolerably abundant adipose tissue. 9. Pulmonary tuberculosis is often associated with an unusually small heart. 10. In constitutional rachitis, the heart is generally large and well developed; the arteries are also large—*Med. Rev., Sept. 15.*

PERSONAL PRECAUTIONS THAT MAY BE ADOPTED BY MEDICAL MEN WHILST ATTENDING CASES OF INFECTIOUS DISEASE.

Dr. CHARLES GREEN makes these suggestions in the *Lancet*:—

1. Always have the window opened before entering the patient's room or ward.
2. Never stand between the patient and the fire, but always between him and the open window.
3. If possible, change your coat before entering the room.
4. Do not go in for unnecessary auscultation or other physical examination.
5. Stay as short a time as possible in the room.
6. Never, while in the room, swallow any saliva.

7. After leaving the sick-room, wash the hands with water containing an antiseptic.

8. Rinse out the mouth with diluted "toilet Sanitas" or Condyl's fluid, also gargle the throat with it, and bathe the eyes, mouth, and nostrils.

9. Expectorate and blow the nose immediately on leaving the room.

10. Keep up the general health by good food, exercise, and temperance.

11. In addition to the above recommendations, which are all pretty generally known, I would suggest another, which is, in my opinion, the most important of all. This is to filter all the air you breathe while in the sick-room or ward through an antiseptic medium. My method is to use a McKenzie's inhaler over the nose and mouth. I carefully soak the sponge in a strong solution of carbolic acid before entering the sick-room. It is so made that all the air breathed must necessarily come through this sponge, and the expired air is emitted by a valve action at another place. I have worn this not only in the Fever Hospital wards, but in many of the typhus dens in this borough. It is to this method that I attribute the fact that although I have attended between 200 and 300 cases of typhus during the last twelve months, and seen many more, I have hitherto escaped infection myself. The only objection (which is not of much importance in a hospital) is the unsightly appearance one has with the inhaler *in situ*. This objection is, however, a very slight one when weighed against the greatly increased safety one not only feels, but, I believe, actually possesses. I am not aware of this method having been mentioned previously; and this fact, and my desire to prevent a repetition of the late disastrous fatalities, must be my apology for bringing it before the profession.—*Med. Age*, Sept. 25.

HOUSE SANITATION.

In a recent lecture by Mr. BURTON, the chief inspecting engineer of the London Sanitary Protection Association, were given some statistics of frightful suggestiveness to the people of American cities. We have no reason to believe that the sanitary condition of houses in this country is a whit better than that noted as existing in London:

In the two years during which the association has been in existence, he and his assistants had inspected 523 houses. In twenty-nine of these they had found the drain entirely stopped up, no communication at all with the sewer, and all the foul matter sent down the sinks and soil-pipes being simply deposited under the basement of the house. In 166 houses they found the soil-pipes leaky, allowing sewer gas and, in many cases, liquid sewage to escape into the house. In 194 houses the overflow pipes of the cisterns were led direct into the drains or soil-pipes, thus allowing sewer gas to pass up them and contaminate the water in the cisterns, as well as pass freely into the houses. In 357 houses, or about three-fourths of those examined, the waste pipes from sinks and baths were found to be connected directly with the drains, allowing the sewer gas to pass up them, instead of being led outside the house, and made to discharge over trapped gullies in the open air, so that nothing could pass up them except air.—*Med. Age*.

DRAM-DRINKING AMONG WOMEN.

Much has been said of late years about tippling as indulged in by women of wealth and social position, and, facts force us to admit, with a good deal of reason. Moreover, that women of the criminal or semi-criminal class included drunkenness among their vices has been well enough known. It is something of a surprise, however, to find an intelligent and painstaking observer, and one of the female sex at that, recounting the extent to which, as she infers, the working women of so enlightened and prosperous a State as Massachusetts take up the habit of dram-drinking early in life, and as the first step in a career of vice if not of crime. And yet such is the purport of an

elaborate analytical article in the October number of the "*Quarterly Journal of Inebriety*," by Lucy M. Hall, M. D., the physician in charge of the Reformatory Prison for Women at Sherburne, Mass.

This lady has examined into the facts in the cases of two hundred and four women committed to the prison—one hundred and thirty-two for drunkenness, fifty-six cases against chastity and public order, and sixteen for crimes involving loss of property. As a result of her study of these cases, she comes to the conclusion that the associations into which young women are brought by working together in large numbers in manufactories ("mills") have a special tendency to lead to habits of intemperance. Many a girl, according to her showing, had no other temptation than the example set by some associate; and often one girl with a fondness for beer proved the ruin of numbers of her fellow-laborers.

This is certainly a melancholy picture, for the female mill operatives of Massachusetts are largely recruited from among the agricultural population of the State, a class far removed from any innate propensity to vice. It seems to us quite possible, since the author seems to have relied mainly on the stories told her by the prisoners, that their tales were not unvarnished—in short, that many of them took up the habits of intemperance only as a secondary step in a downward career. Many a woman would be tempted to account for her intemperance (a fact she could not deny) by pleading the circumstances alluded to, while she would hesitate to confide to one of her own sex the vice that preceded it. We are inclined to think, therefore, that the significance of the facts given in the article may not be quite so appalling as it appears to be at first sight.—*Editorial in N. Y. Med. Jour.*, Oct. 20.

HOW TO PROTECT AGAINST DISEASE GERMS IN SEWER AIR.

Dr. Jos. G. RICHARDSON asserts:—

1. That, according to the germ theory of disease in the form for which during the past fifteen years I have been an earnest advocate, diphtheria, typhoid fever, scarlet fever, and probably other contagious diseases, are connected with, if not solely due to, the development of spores or germs of vegetable organisms in the human body.

2. That these germs propagate in sewers and float to us on the sewer air, penetrating into our dwellings through water closets, sinks, stationary wash-stands, etc.

3. I have just discovered that the reason our various ingenious traps fail to protect us against these fatal sewer diseases is that sometimes a layer of micrococcus and mycelium creeps along the interior of the contrivance until it forms a new depot of development in the slimy vegetable lining extended into the inner or house side of the trap, from which, without obstruction, its deadly germs may be given off into the very bed-chambers of its victims, therefore,

4. The true method of obviating this danger is by sterilizing with slow currents or drippings of solutions of sulphate of iron, corrosive sublimate, arsenic, carbolic acid, etc., the whole interior of our waste pipes, just as the shores of the Dead Sea and the banks of certain small streams are sterilized by mineral ingredients, or poisonous metallic substances from manufacturing refuse, with which their waters are mingled.—*Med. News*.

ERRORS IN VENTILATING.

The following is from the pen of Prof. W. M. WILLIAMS, the English Scientist, on the English Fireside, and published in the *Metal Worker*: The notion that our common fireplaces and chimneys afford an efficient means of ventilation is almost too absurd for serious discussion. Everybody who has thought at all on the subject is aware that in cold weather the exhalations of the skin and lungs, the products of gas-burning, etc., are so much heated

when given off that they rise to the upper part of the room (especially if any cold outer air is admitted), and should be removed from there before they cool again and descend. Now, our fireplace openings are just where they ought not to be for ventilation; they are at the lower part of the room, and thus their action consists in creating a current of cold air or "draft" from doors and windows, which cold current at once descends, and then runs along the floor, chilling our toes and provoking chilblains. This cold, fresh air, having done its worst in the way of making us uncomfortable, passes directly up the chimney without doing us any service for purposes of respiration. Our mouths are usually above the level of the chimney opening, and thus we only breathe the vitiated atmosphere which it fails to remove. Not only does the fire-opening fail to purify the air we breathe, but it actually prevents the leakage of the upper part of the windows and doors from assisting in the removal of the upper stratum of vitiated air, for the strong updraft of the chimney causes these openings to be fully occupied by an inflowing current of cold air, which at once descends, and then proceeds, as before stated, to the chimney. If the leakage is insufficient to supply the necessary amount of chilblain-making and bronchitis-producing draft, it has to enter by way of the chimney-pot in the form of occasional spasms of down draft, accompanied by gusts of choking and blackneing smoke. It is a fact not generally known that smoky chimneys are especial English institutions—one of the peculiar manifestations of our very superior domestic comfortableness.—*Med. Rev.*, Sept. 22.

HOUSEHOLD DIRT AND SICKNESS.

The *London Times* has the following sensible remarks on this subject:—

A good deal has been said at various times about the terrible effects which may be expected to follow a whiff of offensive gas inhaled in passing a sewer grating in the open street. There are no facts known to medicine which justify the belief that such a whiff would have any effect at all. If stinks could kill, the inhabitants of London would speedily undergo a serious diminution of numbers, and many foreign cities would be left as desolate as the ruins of Palmyra. The high probability is that those sewer gases which are the most offensive to the nose are the least likely to be deleterious, if *only on account of the haste which is made to escape from them, and of the impossibility of their presence being unperceived.* That they should be injurious to passers-by, except to the extent of producing nausea or disgust in some delicate person, seems inconceivable, especially when it is considered how largely and how rapidly they become diluted with air as they escape, and are thus exposed to the chemical influence of the great purifier, oxygen. A far more subtle enemy to health, whether at home or at the seaside, is to be found in the oftentimes cherished presence of what may be comprehensively called household dirt. The dirt of an ordinary house, the dirt which may be wiped from the walls, swept off the furniture, and beaten out of the carpets, would be sufficient, if it were powdered in the form of dust over the patients in the surgical wards of a great hospital, to bring all their wounds into a condition that would jeopardize life. It cannot be supposed that such dirt is innocuous when it is breathed or swallowed, and it certainly possesses the property of retaining for long periods the contagious matter given off by various diseases. Instances without number are on record in which the poison of scarlet fever, long dormant in a dirty house, has been roused into activity by some probably imperfect or bad attempts at cleansing. The preservation of health is not a mere mechanical question of the perfection of certain traps to drains, but depends upon the intelligent avoidance of the causes by which disease is liable to be produced.—*Popular Sc. News.*

THE HOLY WELL AT MECCA.

We all recognize the great potency of impure water in the production of disease, and we endeavor to guard against its baneful influence. In this con-

nection the following reliable information concerning the water of Hagar's well at Mecca will prove interesting, if not practically valuable.

Some water from this well was sent to Dr. Franklin for analysis, and he makes the following report:

"The water is slightly turbid and has a saline taste. One hundred thousand parts of it contain in solution the very large proportion of 828.24 parts of solid matter, of which a considerable amount is organic and of animal origin. The water also contains an enormous quantity of nitrates—the usual product of the decomposition of animal excreta. The previous animal contamination, calculated from the proportion of nitrogen as nitrates and nitrites, shows that the liquid supplying this well contains in a given volume nearly six times as much animal matter as is found in the same volume of strong London sewage. This conclusion is confirmed by the presence of a very large proportion of common salt, one of the chief constituents of urine. The suspended matter in the water consists chiefly of dead bacteria."

Mr. Zohrab, late English Consul at Jeddah, gives the following particulars, which will account for this pollution:

"The city of Mecca, lying in a basin, contains a permanent population of about 40,000 souls, and annually during the Hadj (pilgrimage) from 100,000 to 150,000 pilgrims, who become residents for periods varying from one week to three months, crowd into it. This vast influx of strangers finds accommodation where it can; the well-to-do rent rooms, the poor live in the streets. The houses in Mecca are generally built in flats to accommodate pilgrims; each flat is provided with one or two badly-constructed latrines, and there are from six to twelve of these in each house. These latrines empty themselves into pits dug outside the houses. When these get filled they are emptied into other pits, which are made in the streets or any convenient spot, and then covered over with earth. For the poor, latrines on the same principle are made in and outside the town, and the same method of emptying them is employed. This system of burying foul matter in every direction has been pursued for centuries; it is not, therefore, surprising that the ground in and around Mecca is surcharged with excrementitious matter, which rains (these are frequent in Mecca) carry by filtration into the wells. Hagar's well is not a spring, but its water is supplied by filtration—that is, by rain-water passing down through an overlying mass of foul matter. But there is yet another cause for the pollution of Hagar's well—this is the thousands of pilgrims, diseased or sound, who daily wash beside it, the water they use naturally finding its way back into the well."

Dr. Frankland considers that this well furnishes a most excellent place for the propagation of cholera germs of poison, and the fact that this water is sent throughout Mahomedan countries, would account in great measure for its spread.

Certainly, hygiene must be looked upon as a lost art, among the Mahomedans.—*Editorial in Med. and Surg. Rep.*, Sept. 8.

PILGRIM'S FOOD AND CHOLERA.

In connection with the recent prevalence of cholera in Madras, the following facts concerning the fasting arrangements of the pilgrims may be of interest. These people depend almost entirely for their meals upon the temple "Prasadam," which, from a sanitary point of view, is far from satisfactory. One-third of this meal is composed of sand and grit, and remnants of obnoxious insects. The prasadam is also composed of unboiled, or half-boiled, rice, not cleared of bran, gravel, or grit, and the cakes are made of the same sort of material, in addition to old, rancid, and rotten glue. The cakes are kept for some days before they are consumed. It is obligatory on the part of every pilgrim to eat a portion of this sacred prasadam, on account of its being an offering to the Deity; and it is sacrilege on the part of anyone even to examine it; while it is blasphemy to say that it is bad. The very few who attempt to cook their food only get articles such as to cause diarrhoea, even among the strongest. The water used by the majority of the

pilgrims is from a tank which has been used by the pilgrims for years for washing, bathing, drinking, and other purposes. An examination of several samples of the holy food was made by the Deputy-Commissioner, Surgeon-Major Price, M.D. Some he described as disgusting in the extreme; others were better, but all are utterly unfit for human food, and likely to produce sickness if used as such. Some of the samples might make good food for cattle; but he can hardly credit that human beings could be found to masticate and digest it.—*British Med. Jour.—Cin. Lan. and Clinic.*

SULPHUR FUMIGATION IN CHOLERA DISTRICTS.

Dr. JOHN E. TUSON, of Calcutta, writes to the *Lancet*: Since 1872 I have steadily advocated this method of disinfection in India by means of sulphurous acid. At Bombay, during the last epidemic there, it was adopted, and the disease ceased almost immediately after the fires were kindled, with such immunity from it as had not been known for five years. In 1882, when cholera was very virulent at Dumdum, and in all the villages near the cantonments, till at last it appeared in the Sudder Bazaar, sulphur fires were adopted extensively. The disease ceased in a most marvelous manner, and not a single case occurred in the Border Regiment stationed there. Sulphur fires should be kept burning through the streets for several days, at distances of twenty or thirty yards, where cholera is virulent. Every house where cholera has occurred should be evacuated and thoroughly disinfected with sulphurous acid, and the floors and walls disinfected with carbolic acid or phenyle. Furniture should be taken out or covered, as the fumes might fade the colors. A very easy means of disinfection of houses can be effected by the inhabitants evacuating them temporarily, and burning sulphur for a few hours, or in different rooms alternately. Street fumigation is not sufficient, but it can be pushed still further by burning sulphur in all infected houses, streets, or gullies. Liquid sulphurous acid might be sprinkled on walls and floors. The measure has been entirely effectual in India.—*Louv. Med. News, Oct. 13.*

PRECAUTIONS FOR PERSONS ATTENDING CHOLERA PATIENTS.

The Board of Health and Public Hygiene of the Department of the Seine has issued the following circular, presented by M. Dujardin-Beaumetz: Persons having the care of cholera patients, or who live with them, should observe the following rules: They should neither eat nor drink in the chamber occupied by the infected person. Before eating or drinking, they should rinse out the mouth, and thoroughly wash the hands and forearms with a two per cent. solution of borax. They should bathe the whole body every day with water containing 3 iiss of borax or grs. xv of thymic acid to the half gallon.

Whenever any fecal or vomited matters soil the clothes, they should be immediately washed with a solution containing 3 v of sulphate of copper to the half gallon of water, or with boiling water. When the clothes are extensively soiled, they should be placed in a closed apartment, where 3 ijs of sulphur must be burned for every cubic yard. The clothes should remain in this place for twenty-four hours.—*Progrès Méd.—Med. News, Sept. 15.*

CHOLERA TREATMENT.

We clip the following from one of our exchanges, which has been so mutilated that its name is not to be found: In an attack of cholera digestion has stopped; and the serum of the blood rapidly finds its way into the stomach and intestinal canal. Nausea comes on, and dejections set in. At first fecal matter is evacuated, then modified serum which appears like "rice water." Soon the blood is thick as tar through loss of serum, and will not

circulate in the capillaries and small vessels. After death the arteries can not be injected with a preservative fluid, because they are partly filled with red globules in a mass of the consistence of paint—a muddy mass. Now, to arrest the flow of serum into the intestinal canal is a part of the physician's duty in the treatment of a case of cholera taken at the start. Neither opiates nor astringents will do it; and it is questionable if any agent will. Prof. Scudder recommends Bismuth and Nux; and in so doing he does no harm. His iced solution of chloride of sodium—common salt—is better. I know this from experience. Why salt will sometimes arrest the flow of serum from the blood into the intestinal track is more than I understand, I only know that an over salted dish is followed by thirst. Water leaves the mucous cavities and enters the blood-vessels, establishing a call for fluids. Perhaps by a homœopathic law, or some other little understood chemico vital activity, the effect of chloride of sodium is to convert osmosis into endosmosis! I do not pretend to take stock in this transcendental speculation, but offer it to help the reader to remember what I have said about solutions of salt as occasional cures in certain stages of cholera. The hypodermic—intra-venous—injections of saline solutions will certainly do an appreciable amount of good in collapsed cases. A drachm of common salt to a half pint of water will make the solution strong enough. A fluid drachm of the mixture may at one time be thrown into each arm and leg, and another under the integument of the abdomen; and the operation may be repeated in three hours. I think I can speak with confidence of the action of chloroform in the arrest of cramps in the legs—a complication horrible to endure. Generally the patient is clothed in drawers; and the anæsthetic may be poured on the enveloping garments—quite saturating them—then the bed coverings help retain the lethal vapors. No Thompsonian antispasmodic equals in effect that of chloroform. Of course, sulphuric ether would do about as well. Quietude is a factor in the treatment of cholera. The patient, after the first dejections which are fecal, should have evacuations upon absorbent materials, and not be allowed to go to stool. What is voided is not offensive, it is chiefly the serum of the blood, and gives off the odor of that fluid. To open the bed is to lose animal heat which is failing and must be economized. Jugs of hot water are to be placed in the bed of the patient, though astonishing little is accomplished. A dying person can be cooked but not warmed. The breath of a choleraic patient feels cool or cold to a hand held before the mouth. A body thermometer indicates a lowering of temperature. The thirst of a cholera sufferer may be momentarily slaked with cold table tea, or with any bitter water. A few drops of Nux in a tumbler of water render it agreeably bitter. Nausea is to be allayed with camphor water, and that which has been mildly acidulated. The inexperienced practitioner is apt to argue with himself that if a little of a certain medicine will do good more of the same will do better, but in this he errs. Just the appreciable taste of camphor or of acid impresses the most favorably.—*Med. Rev.*, Sept. 22.

INTRA-VENOUS INJECTION OF BILIN AS A REMEDY FOR CHOLERA.

HENRY CUMBERLAND TAYLOR, L. R. C. P., M. R. C. S., Jersey, England (*British Med. Jour.*) proposes, from theoretical considerations, the intra-venous injection of bilin as a remedy for cholera. He reasons as follows: Post-mortem examinations show the liver and gall-bladder distended with bile—a condition which may be explained from the inflammatory state of the intestinal mucous membrane that both prevents the bile from entering the intestine and renders impossible any absorption of bilin from the intestine, even were bile to make its way from the gall-bladder into the bowel. This state of things therefore operates practically to lock up all the biliary elements of the entire body in the liver and gall-bladder, accounting for the engorgement of these viscera as seen post-mortem, for the absence of bile from the vomit and stools during life and from the intestine as seen after death; for

the decomposition of the contents of the intestines; and probably for the thick, clotty condition of the blood before and after death. The obvious theoretical indication for treatment is to restore bile to the blood. But it would be useless to give bile by the mouth or rectum, for the intestine could not absorb it. Moreover, bile itself injected into a systemic vessel causes immediate death. However, bilin, the substance returned from the intestine into the blood by the natural processes, could probably be injected into the veins without danger, except from the introduction of air. Bilin may be prepared from ox-bile, thus: Add ether to extract the fatty matter; separate the latter by decantation; treat the residue with acetate of lead, which will form the tauro-cholate of lead; separate by filtration; suspend the precipitate in water and pass through it sulphuretted-hydrogen gas, which will form a precipitate of sulphide of lead, and leave the bilin (tauro-cholic acid) in solution; separate by filtration; to the bilin, in solution, add carbonate of sodium, which will form tauro-cholate of sodium, the best preparation for injection. This salt should be purified by crystallization. The proper amount to be injected in twenty-four hours is one hundred grammes [28 drachms], this corresponding to the quantity of bile secreted by the liver in the same time. The hundred grammes of tauro-cholate of sodium should be dissolved in one litre [2.1 pints] of water at the temperature of the body. Dr. Taylor submits that the form of treatment here proposed could not be less successful than the various plans which have been followed hitherto and with such eminently unsatisfactory results.—*N. Y. Med. Jour.*, Sept. 1.

MALARIOUS CHOLERA.

Dr. HENRY BLANC thus writes in the *Lancet*: "All medical men residing in India have but too often occasion of attending cases of cholera; nevertheless, when I witnessed my first case of malarious cholera, I remained awhile under the impression that I had to deal with a case of real cholera. No symptom appeared to be wanting. Vomiting, purging, anxiety, rapid breathing, loss of voice, pulse weak or imperceptible, skin shrivelled, eyes sunken, cramps, coldness of the surface, etc., all the symptoms characteristic of cholera, were present. Still there are differences, and these are of great importance as assisting us in diagnosing between the two diseases. In malarious cholera the vomiting and purging are less frequent, less distressing, and these symptoms cease at an early date. The alvine discharges contain generally some bile, or are tinged with blood, or are like dirty water, or almost clear, but never presenting the whitish appearance so well known as rice-water stools. The cramps in the cases I have observed have been limited to the abdominal muscles and lower extremities. A third point of great moment is the rapid reaction, or rather the almost total absence of reaction, the patient passing from a state of deep collapse to one of convalescence in the space of a few hours, and with a return of all the choleraic symptoms should the following paroxysm not be checked. The influence of treatment is also well marked. In India we are well aware of the danger of administering stimulants and opium during the collapse stage of cholera; in the sideration produced by malarious poisoning these two remedies are indicated, and are followed by the best results. Again, the value of quinine points to the intimate nature of the disease; in five cases out of the six this drug acted favorably, and no return of the dangerous paroxysm took place. The fatal case afforded us an insight into the pathology of the disease, and nowhere are the difference and distinction between the two forms of cholera better marked and ascertained. In malarious cholera *post-mortem* reveals a condition of intense melanæmia; a separation of the blood pigment, the blocking up of the capillaries by this altered substance, the presence of a rose-colored serous fluid in some of the large blood-vessels, and of a dark thick fluid in others."—*Med. and Surg. Rep.*, Oct. 20.

THE MICROCOCCI OF CHOLERA.

Dr. STEPHEN KARTULIS, physician to the Greek Hospital at Alexandria, has found minute round and oval cocco-bacteria in the blood and discharges of cholera patients, also in some of the filthy drinking-water used in the infected districts.—*Med. Record*, Sept. 29.

YELLOW FEVER.—PERUVIAN TREATMENT.

Dr. WOLFRED NELSON, Panama, South America, gives the following brief summary of the treatment of yellow fever in Peru: It was introduced there in 1868 by Dr. Wilson, an English graduate in medicine, when he was physician to the English Hospital in Callao. During the fearful epidemic of yellow fever in that city, in 1868, his success was something remarkable,—only three *per centum* of his patients died.

The report recently published in Peru, in the language of the country, Spanish, goes on as follows: "When the patient feels that his skin is dry, and that he has a headache (they being infallible symptoms of the disease) he should be made to perspire profusely. The best way to produce the perspiration is by means of hot air. To do this, place a small spirit lamp, or a coal oil lamp, under a chair having a solid seat, let the patient sit on the chair perfectly naked, but well covered with a blanket; let him remain until profuse perspiration commences. Then put him to bed, where he should continue perspiring freely for one or two hours. Rectal injections should be given immediately, containing oil of Palma Christi, with soap suds and a small quantity of spirits of turpentine, the injection being warm. This treatment should be continued three or four days, and should always be followed by profuse perspiration and emptying of the bowels; following the above give three or four doses of four grammes each of sulphate of quinine at intervals of four hours exactly; then for two or three days more give six to ten drops of spirits of turpentine, in gum water, or with the white of an egg.

"Further it has been noted, that the greater part of those who have had yellow fever have been constipated previously. As a precautionary measure, the bowels should always be kept open. The sun and dew should be avoided, stimulants should be used in moderation. No fruit of any kind should be eaten.

"The best preventive that the local authorities can impose is to prohibit the sale of all fruits."—*Canada Med. Record*.

IODINE PAINTING IN SMALLPOX.

In 1881, there was admitted to the Konotop Hospital, a woman suffering from lumbar pain and other prodromal symptoms of smallpox. To satisfy the wish of the patient, Dr. Vetroff painted the whole lumbar region with tincture of iodine. On the next day, the painted region was found covered all over with variolous rash, while the remaining surface of the body presented only two vesicles. The course of the disease was remarkably mild. Having learned this curious fact, Dr. Bojinski-Bojko (*Vratch*, No. 1, 1883), when an epidemic of smallpox broke out in his district, began to paint with iodine the anterior surfaces of the thighs in every patient who came under his notice in the prodromal stage of the disease. In all four cases treated in this way, the rash was strictly limited to the regions painted, and the course of the affection was extremely favorable. An attempt to substitute a sinapism for the iodine gave negative results.—*Practitioner*.—*Med. News*.

PREVENTION OF PITTING IN SMALLPOX.

SCHWIMMER recommends the local application of carbolic acid and thymol. He prescribes as follows:

R. Acid. carbol., 3 j; ol. oliv., 3 viij.; cretæ. prep., $\frac{3}{4}$ iss. M. Or
R. Thymol, 3 j; ol. lini., 3 viij.; cret. prepr., $\frac{3}{4}$ iss. M.—*Polyclinic*.

BROMINE IN DIPHTHERIA.

At a meeting of the Verein für Innere Medicin, in Berlin, reported in the *Deutsche Medicinische Wochenschrift*, Dr. Hiller spoke of the favorable influence which he had observed bromine to have in the treatment of diphtheria in the wards of the Charité Hôpital. He employs an active solution combined with the bromide of potassium, four parts of each, to 2,000 of water, as an inhalation. To prevent the entrance of the gas into the nose and eyes, a glass cylinder should be employed for inhaling, and like precautions must be taken in making the application to the throat, for which a stronger solution (0.5 to 1 per cent.) is employed. The throat should be painted every half hour, and the gas inhaled twice as often, and the former of the applications is an important part of the treatment. These applications, it is claimed, remove the membrane within 24 hours, and a tendency to its return is easily checked by liquid applications. Bromine is not a new remedy in this affection, having been recommended by Schuetz and Gottwald as long ago as 1862, and in the opinion of Hiller it was only its irritating properties which prevented it from coming into general use at that time.

At the same meeting of the Verein, Herr Rabaut related a case in which a man who had been ordered bromine to inhale drank almost the whole of the contents of the bottle, 15 grains of bromine, and an equal quantity of bromide of potassium, diluted with 100 parts of water. No poisonous effects ensued, and the patient speedily recovered from his diphtheritic attack.

Herr Steinhauer had seen irritation of the trachea, leading to diphtheritic deposit, follow the inhalation of bromine. It was pointed out by Herr Wernich, however, that the latter effect might be prevented by inhaling through a narrow opening, so as to limit the action of the gas.—*Therap. Gaz.*, Oct.

TREATMENT OF DIPHTHERIA BY COLD WATER.

Dr. A. WORTHINGTON was led to use cold water in diphtheria, because he had successfully used it for twenty-seven years in all forms of scarlatina, and he says that he has not been disappointed. A cold wet cloth, large enough to cover the entire body, is wrapped around the patient, and it is covered with dry flannel; it is changed every half hour for a fresh one. In the *Canada Lancet* for June, 1883, he thus concludes his article:

1. The treatment of diphtheria must be begun with the invasion of the disease to secure any safety to the patient—not a moment's time should be lost.
2. The cold water applications should be made on the first appearance of a rise in temperature, and its continuance governed by the tendency of the extremities to become cool.
3. The most careful attention should be given to the nourishment of the patient from the first.
4. Adynamic symptoms should be anticipated by the free use of stimulants and tonics, and the application of artificial heat if necessary.—*Med. and Surg. Rep.*, Oct. 18.

DIPHTHERIA AND SCARLATINA.

The identity or not of the poisons producing diphtheria and scarlatina has been the subject of much discussion, and any information bearing upon the question is worthy of record. (*Lancet*.) A curious instance of the manner

in which these diseases at times coexist and alternate with each other is recorded in a report addressed by Mr. W. H. Power, to the Local Government Board, on a prevalence of infectious diseases at Whitstable. Diphtheria commenced in Whitstable in October, 1880, and continued till January in the following year. It had not long prevailed when scarlatina appeared, the two diseases being concurrent and attacking at one time different members of the same family. The diphtheria then began to disappear, while the scarlatina became more prevalent and assumed an increasingly fatal type. Toward the middle of 1881 the scarlatina epidemic declined, and diphtheria, at times fatal, reappeared; indeed, with the absolute disappearance of scarlatina, diphtheria early in 1882 steadily spread, remaining more or less prevalent throughout the year. During these several occurrences more than one of the medical practitioners in attendance on the cases had difficulty in diagnosing between the two diseases; thus cases of smart throat illness associated with distinct skin rash and altogether free from faucial false membrane occurred, and yet at no period of the illness or convalescence did any such tendency to desquamation as usually follows on scarlatina show itself. Eight or ten years ago very similar circumstances were observed at Whitstable, diphtheria being exceptionally fatal and at the same time associated with a fatal prevalence of scarlatina. Mr. Power abstains from expressing any comment on the questions arising from a consideration of these circumstances; the facts are, however, highly interesting.—*Louv. Med. News*, Sept. 22.

SCARLET FEVER IN ITS RELATION TO THE PUERPERAL STATE.

J. T. BURGESS, L.R.C.P., L.R.C.S., Edin., in a communication to the *Lancet*, records a case of scarlet fever occurring in a puerperal woman, delivered five days before the appearance of the disease, and resulting in tympanitis, delirium and death thirteen days after delivery. She was confined in an isolated cottage, in a sparsely populated district, and in which, twelve months previously, scarlet fever had prevailed. The house had never been disinfected, and in hurriedly preparing a room for the reception of the patient, a quantity of old sacking was removed from the chimney. While in attendance upon this case, and the day before her death, the recorder delivered another woman, seven miles distant, who, in turn, was taken with scarlet fever, showing soon after delivery symptoms of constitutional disturbance, and on the third day sore throat; on the sixth day the rash appeared. She passed through the stage of desquamation, but suffered from pneumonia and abdominal tympanitis, and died on the twenty-third day from exhaustion. A younger sister, who had been in attendance on her, passed through a slight attack of scarlatina. There had been no scarlet fever in the village where the second case resided, nor, as far as could be ascertained, could she have had communication with any one suffering from that disease. The more important complications appeared to take the form of inflammation, and to be exaggerations of the after-consequences rather than of the primary symptoms of disease.—*Jour. Am. Med. Assn.*, Sept. 22.

TREATMENT OF THE DESQUAMATIVE STAGE OF SCARLET FEVER.

In his report, at a recent meeting of the Axbridge Board of Guardians, Mr. G. Smith, medical officer of the workhouse, speaks favorably of the treatment adopted by him in the desquamative stage of scarlet fever occurring among inmates of the workhouse, viz.: sponging the body twice daily with oatmeal scalded (not boiled), in the proportion of one ounce of oatmeal by weight to one pint of boiling water, the resulting mixture being used tepid. By this means the risk of spreading the disease is diminished, the skin is protected from the action of the air, and the risk of dropsy is lessened.—*Lancet*.—*Louv. Med. News*, Sept. 22.

THERAPEUTICS OF TYPHOID FEVER.

D. A. SHEFFIELD, M.D., Apple River, Ill., writes: A recent editorial in *The Medical Record* calls attention to the investigations of Klebs and Eberth into the pathology of typhoid fever, together with the announcement that Prof. Henry Desplats, of Lille, had made the discovery that *salicylate of bismuth* is "the great desideratum" in the treatment of that disease, and concludes as follows: "In short, the perusal of this article seems to justify the hope that in the *salicylate* of bismuth we have a new medicament of great antiseptic value."

As it is by experience alone that the truth or falsity of a theory can be demonstrated, it is to be hoped that some one having the time and opportunity will prove whether Prof. Desplat's assertions are true or not.

In this connection, however, it is desired to call the earnest attention of the profession to the claims of *sulphurous acid* in the treatment of typhoid fever. A course of experimentation with the drug, extending through a period of more than twenty years, in almost every variety of zymotic disease, convinces the writer that its power over and adaptability to the medication of this variety of ailment has not been recognized and appreciated by the majority of the profession.

That it is capable of modifying both the violence and duration of typhoid fever has been demonstrated to my own and my patients' satisfaction so many times that without the drug I should approach the treatment of a case of that disease with considerable trepidation. Given in moderate doses during the period of dry skin and parched brown tongue, its effects are often magical.

This disease, however, is but one of the many in which *sulphurous acid* may be used both as a remedy and a prophylactic. *The acute infectious diseases are all modified, aborted, or wholly prevented by its use.*

While recognizing the latitude of the above declaration, the facts and proofs of its truth, in the writer's possession, fully justify it.

So fully is the writer persuaded of the immense value of this drug, that it is his intention, if opportunity shall permit, to submit to the profession the results of twenty years of critical study of this drug.

Most of the experiments have been made with bi-sulphite of soda, though in a few cases a solution of sulphurous acid diluted with glycerine has been employed, giving equally as good results, but not as well tolerated by the patient.

Let those who wish to demonstrate its utility use a saturated solution of bi-sulphite of soda in water, giving one teaspoonful every two or three hours until the system is brought fully under the influence of the drug; afterward one dose every six hours will be sufficient to maintain its effect.—*Jour. Amer. Med. Assn., Sept. 8.*

PERISPLENITIS AND PLEURISY IN TYPHOID FEVER.

Simple pleurisy, without pulmonary lesion, is supposed to be a rare complication of typhoid fever. Guillermet has collected a number of such cases, and seems to agree with another observer who regards simple pleurisy as rather common in typhoid fever, and who attributes it to the marked tendency to serious inflammation which exists in this disease. The observations of Dr. Merklen (*Revue Médicale*) lead him to advance a more rational pathogenesis. He states that the spleen in typhoid fever is not only the seat of a passive congestion, but is also a centre of inflammatory irritation which may involve the capsule. This may determine by continuity a localized or general peritonitis, whence the inflammation may spread to the diaphragmatic pleura. In this way he would explain the origin of simple pleurisy, and not by a preference of inflammation to seek the serous membranes.—*Med. Record.*

MUSCULAR ATROPHY AFTER TYPHOID FEVER.

M. DEPRÈS reports a case of this affection, occurring during convalescence from typhoid fever, in a young man, æt. 20. The right shoulder was prominent, the whole trunk was bent forward, and the vertebral column described a curve with a convexity toward the left in the dorsal region. Almost all the muscles were more or less atrophied. The treatment consisted in—faradization every day, every two days at least; gymnastics and physiological support by a special corset. The electricity was applied principally to the muscles, corresponding to the vertebral curvature, but was not limited to these. The gymnastic exercises consisted principally in trapeze swinging, so as to elevate the body by the arms. The patient had markedly improved after eight days of treatment.—*L'Union Médicale*.—*Medical News*

GLYCERINE IN THE TREATMENT OF ACUTE FEBRILE DISEASES.

Dr. MARIANO SEMNOLA, Professor at the Faculty of Medicine, Naples, has an article on this subject in *Bull. Gen. de Therap.*, of which the following is an epitome:

In the treatment of fevers, generally speaking, we are at a loss for any curative agent capable of acting at once upon the cause and origin.

If we except quinine in the treatment of paludal fevers, we can only modify the temperature in infectious fevers by the application of cold, and calmly look on while the poison exhausts itself in the system, during which time the system itself becomes exhausted, and we must therefore recognize the importance of finding some substance capable of storing up strength, and preserving it. It is unnecessary to recall a practice already in vogue with this view in some European schools, consisting of alcohol, as the fundamental treatment of some fevers, typhus, pyæmia, and the exanthemata. The antipyretic action of alcohol is not favorably viewed here, although it has been in high repute by some of the most eminent men of the present day.

I am of opinion that the action of alcohol is simply a toxic action, as I demonstrated before the International Congress of Brussels, an action, toxic like so many other reputed antipyretics (such as digitalis, phenic acid, etc.), which poisons the patient, and those organs or tissues which are the necessary instruments of the febrile manipulation. In this way the patient combats with two poisons, the one being that of the fever proper, and the other that of digitalis or other substance prescribed, and thus he succumbs under the two more rapidly than he would under one.

I would add now for the sake of those young practitioners who allow themselves to be carried away by these dangerous utopian ideas respecting salicylic acid, phenic acid, iodoform, etc., which are the fashion of the day, that such applications are all illusions.

Although the use of alcohol cannot always be doubted, on the other hand it presents grave objections to its general use, by its exciting action upon the heart and brain, which sometimes renders the preëxisting condition worse, and brings about a cardiac catastrophe due to exhaustion of the heart consequent upon over-sustained excitement. This is not all. The gastric mucous membrane, already irritated, is made more so by the alcohol, and the digestion materially impaired. In consequence of this I have entirely abandoned it in my practice, and I have searched elsewhere for a substance that might answer the same purpose without any of its drawbacks. I selected glycerine for this, because I considered its chemical constitution warranted the supposition that as a substitute for alcohol it would afford to patients a better resistance against the exhausting action of the fever; my anticipations were soon crowned with excellent results.

I use glycerine diluted with water in the proportion of, glycerine, 30 grammes; citric acid, 2 grammes; water, 500 grammes; or lemon juice to flavor; mix. Of this I give about an ounce every hour.

My rule for beginning its use is when the temperature reaches 104° Fahr.

Some time after the glycerine has been taken the quantity of urea diminishes, in two cases to the quantity of 10 grammes (3 iiss) in the 24 hours, but generally only to that of 6 or 7 grammes. Upon the suspension of glycerine, the urea immediately increases in amount.—*Med. Age.*, Sept. 25.

STIMULANTS IN FEVER.

Professor ROBERTS BARTHOLOW does not countenance the popular notion that beer is a food, but thinks it is simply a weak alcoholic stimulant, inferior to wine and good whisky as a beverage. He believes that beer does more harm to humanity than whisky, being more largely used. During later years the people have, however, become more temperate and sensible in their habits. Nor does Dr. Bartholow advocate the too free use of alcoholics in the fevers. His rule is to give alcoholic stimulants when the pulse is frequent and weak, the temperature low, the delirium low and muttering, and the vital powers prostrated. When the pulse becomes strong and slower the temperature rises, and the delirium becomes furious, then the alcoholic stimulants should not be used. The doctor believes in treating the fevers on the expectant plan, for as a rule they are self-limited.—*Medical Herald*.

INTERMITTENT FEVER TREATED WITH ELECTRICITY.

Electricity has been used by FRANK, BORGINI, ALDINI and others; in these later times by Bossi, of Rome; by Vizioli, of Naples; by Shipulski, Krasnogladow, Deparquet, etc. Prof. DeRenzi, of Genoa, has also largely experimented with it, and has found that in the majority of cases, the fever is stopped, and frequently more promptly than with quinine. In nine cases, the author has had five complete cures, two bettering, and two with no success. They were treated with the continued and the faradaic current; the first obtained with 9 to 62 elements, and applied five to fifteen minutes along the spinal cord. The faradaic current has been more efficient than the galvanic. These experiments have confirmed the possibility of conquering intermittent fever with electricity; but so far, it has been impossible to ascertain why in some cases a rapid and complete cure is obtained, and in others an incomplete one, and what are the best means of application of electricity, and when it ought to be preferred to quinine.—*Annals Univerzali*.—*Chicago Med. Jour. and Exam.*, Oct.

PRELIMINARY TREATMENT VS. QUININE.

In no part of the world has the change of opinion, in regard to the antiphlogistic treatment, been so complete and radical as in India. In an interesting paper on the subject of the treatment of remittent fever as it occurs in India, Dr. Norman Chevers compares the old practice of large and repeated bleedings, and mercury given to ptyalism, with the modern method of quinine in full doses. It is hardly necessary to say that the latter is now the general practice in India as elsewhere.

There is, nevertheless, a practical question here in regard to the necessity of some preliminary treatment as a preparation for the administration of quinine. There is a belief, shared in by a good many excellent practitioners, that the curative effect of quinine is enhanced by such preparatory treatment. It is held that quinine is not properly absorbed when the tongue is heavily coated, the conjunctivæ yellow, the stomach in a catarrhal state, and the portal system congested, and that these conditions must be removed by the administration of mercurial purgatives. As these apparent complications are really the morbid complexus, and have the same significance as the fever, it would seem probable that the remedy effective against one set of symptoms ought to be equally so against the other. Experience confirms this, for if quinine be given suitably, with the disappearance of the fever the accompanying disturbances cease also.

It is important, however, to separate those symptoms due to the malarial infection from complications properly speaking. Complications determined by the systemic disturbance, and not a necessary part of the malarial disease, require appropriate treatment. The question in any case will be settled by the application of this rule. As an illustration of this we may take the condition of intense gastro-enteric irritability, which, preventing the absorption of quinine, requires well-directed preliminary treatment.—*Med. News.*

SIGNIFICANCE OF APPEARANCES OF THE TONGUE.

A course of lectures on diseases of the tongue, delivered by Prof. JONATHAN HUTCHINSON before the Royal College of Surgeons of England, is now appearing in the *Medical Press and Circular*. At the conclusion of the introductory lecture we find some suggestions of a practical nature regarding the interpretation of tongue symptoms, which we quote:—

First, we must avoid assuming hastily that the condition present has any connection with the disorder for which the patient consults us. Many patients have habitually a profuse growth of filiform papillæ and great tendency to the accumulation of fur. In others the papillæ are curiously absent, and the tongue may look bald or rough. In others the furrows may be well marked, and the peculiar fern-leaf pattern present, and yet these several conditions may imply nothing whatever as regards the patient's health.

In all conditions of peculiarity it is well to inquire whether the patient has ever at any former time been salivated or suffered from sore mouth. For it may easily be the fact that some attack of stomatitis, long past, may have left the tongue flabby, indented at its edges, fluted on its surface, or more or less bald.

In cases in which we have satisfied ourselves that the conditions shown are neither personal peculiarities nor yet the consequences of previous disease, we ought next to inquire carefully whether any local conditions are present in the mouth which will explain them, and by no means jump to the conclusion that they denote disorder of the stomach or liver. If the tongue is dry we inquire whether the nostrils are stopped, and if it is sore we must examine the teeth and ascertain whether from sharp, broken points, from stopping with amalgam, or accumulation of tartar, any possible source of irritation exists.

If we have failed to discover in the mouth any cause for disease on the surface of the tongue we must still hesitate as to suspicion of visceral or blood disorder, and ask whether it be not possible that some irritant may have been introduced in the way of food. There are many fallacies in this direction.

Lastly, if we feel able to confidently exclude all local causes, and obliged to believe that the state of the tongue is in direct connection with the state of the bodily health, we have still before us the difficult task of deciding as to what the nature of the bond of connection may be.

The state in question may still be possibly in no way symptomatic of other disorder, and not in any degree consequent on it, but rather part of the general disease.

Above all we must be on our guard against believing that the state of the tongue is a trustworthy criterion as to that of the mucous membrane of the stomach, and remember that for the most part a furred tongue implies that no food has been eaten and little more, whilst glossitis and gastritis are conditions which are mutually independent, and but seldom coexist.—*Boston M. and S. J.*, Oct. 11.

CLINICAL CHARACTERS OF WOOL-SORTERS' DISEASE (ANTHRAX).

Mr. SPEAR (*Medical Times and Gazette*) has prepared a memorandum on behalf of the British Local Government Board for use in an inquiry into the

occurrence of this disease amongst men employed in hide warehouses, tanneries, etc.

The Internal Form of the Infection, or Anthrax Fever.—Premonitory symptoms (of variable duration): Chilliness, aching or stiffness of limbs, and mental depression; restlessness, sense of constriction of chest, and oppression of breathing; headache, dizziness, nausea, or, less frequently, vomiting.

Stage of full development: Notwithstanding the indefinite premonitory symptoms, the stage of full development is generally somewhat sudden and unexpected in its onset, so as to cause much alarm. The prostration and restlessness become extreme; there are præcordial anxiety and dyspnoea; blueness of the face and extremities (cyanosis) is conspicuous; and the patient may die within twenty-four or thirty-six hours, with all the appearances of collapse or of asphyxia. A fatal termination is, however, more often postponed until from two to five days after the commencement of this stage. Other nervous phenomena—muscular paralysis, convulsions or tetanic spasms—are apt to develop themselves, and evidences of various acute local congestions (especially of the lungs, less frequently of the gastro-intestinal tract) are rarely wanting. Delirium is often absent, and the temperature is irregular. Exacerbations, alternating with more or less complete remissions, of the more urgent symptoms constitute usually a striking feature of the disease. Recovery is not so rare as has been supposed, even in fully developed attacks; but death may occur from a relapse, or from secondary septic processes. The body after death usually undergoes rapid decomposition, with blue discoloration and swelling, especially about the neck.

The External Form of the Infection, or Malignant Pustule.—The malignant pustule attacks almost always parts of the body habitually uncovered, and most frequently the face. It commences as a small papule, which quickly develops into a vesicle, and this, being broken, pours out a little watery exudation. The base of the vesicle and the surface immediately adjacent dies, so that in about three days after its appearance the lesion consists of a small central black eschar, with a raised border of inflamed and tumid skin, upon which vesicles are apt to be developed, a crop of secondary vesicles surrounding thus the central eschar like a wreath. The neighboring lymphatics and glands are speedily implicated, and the patient may soon lapse into the condition described above, of constitutional infection. The pustule does not apparently always present this typical appearance. When occurring upon the hands, such appearance is uncommon. It has then no central black eschar, no raised vesiculated border. It is described as a small slightly inflamed tumor, exuding only serosity, giving rise to comparatively little pain, or even increased sensibility, but showing a tendency to set up a diffuse cellulitis. Constitutional infection may follow.—*Jour. Am. Med. Ass'n, Sept. 22.*

FEVER.—ACONITE.

Dr. A. A. SMITH, N. Y., said:—Aconite is one of the drugs to which you will probably have occasion to resort frequently when you enter upon the active practice of medicine. It has for a long time been used in quite small doses, but not so frequently repeated as it might be with benefit. There are many cases of febrile movement, with dry, hot skin, a full, bounding pulse, the mucous membrane of the throat and nose probably dry—cases in which the febrile movement is not the commencement of one of the continued fevers: the tincture of aconite, one-third to one-half a minim given every fifteen minutes will be found of decided benefit. Visiting the patient shortly after the commencement of this treatment you will often find him in a little perspiration; the medicine may then be administered at longer intervals, every half hour or longer, according to the indications. The tincture of aconite, administered in a similar manner, is also useful in cases of commencing so-called cold in the head. It is likewise useful in cardiac hypertrophy with palpitation, severe headache, and disturbances of the nervous system due to increased force of the heart-beat.—*Canada Med. Record.*

COLD WATER IN SICKNESS.

In a clinical lecture on *Water for the Sick*, Dr. J. FORSYTH MEIGS says:—

There is a curious and active prejudice in the public mind against the free use of water as a drink, under certain conditions; and this prejudice sometimes extends to the sick-room, without, perhaps, the knowledge of the physician. Many laboring people fear to use water freely when the body is heated by work. At the very moment when this is fast losing its fluids, during labor in hot weather, by sweating, and by rapid evaporation from the lungs and skin, the laborer is afraid to drink, lest he may chill, as he says, his stomach, or injure in some mysterious way his desiccated body. The jockey refuses his panting horse, streaming with sweat, and exhausted by heat, the water absolutely necessary to maintain the due fluidity of the blood and tissues. This latter prejudice is giving way, I am happy to see, under the teaching of the modern veterinary surgeons, who have been instrumental in introducing the practice of watering the horses on our city railroad-routes once or twice on each route in hot weather.

When I was a boy twelve years of age, I was sent with two of my brothers into the country, to a farm in New Jersey, for the August holidays. We were alone under the care of the farmer's wife. One of my brothers was seized with a fever, and a neighboring physician sent for. He ordered some blue pills, or calomel, and told us all, that the child must have no water, lest it might interfere with the action of the remedy. That hot and fevered body, which was evaporating its water from the lungs and skin at a far more rapid rate than in health, must have no new supplies of fluid, lest the pill might be incommoded in its action. The only safe guide as to the amount of drink the patient needed,—the thirst,—must be rudely set aside. He moaned, and cried for water. We were afraid to give it. In two days our mother arrived from home. So soon as she heard the story of the illness, she began to administer draughts of cool water in such quantity as could be taken with ease and satisfaction. The doctor came, and, hearing of her action, was in high dudgeon. "Doctor," she said quietly and politely, "my husband is a physician, and always allows, indeed directs me, when my children are ill, to give them all the cool water they desire." He left the house in a passion. The next day the patient was removed home, where he recovered, without any evil consequences whatever.—*Pop. Sc. News, Sept.*

MERCURY IN THE SYSTEM.

Dr. SCHUSTER, of Aix-la-Chapelle, in an article to the *Journal of Cutaneous and Venereal Diseases*, discusses at length the elimination of mercury from the system. His observations were at first confined to its excretion through the urine, but finding that in some cases it failed to reveal itself through this channel, he devoted his attention to the fæces. The examination was begun ten days after the commencement of treatment (by inunction). The method of examination was as follows: The fæces were first mixed with five grams of bromine; they were thus disinfected: they were then evaporated to a thick pasty mass. To this paste were added concentrated nitric and hydrochloric acids, in order to destroy organic substances, and the whole evaporated to dryness, until all the acid was completely expelled. The dry mass was mixed with hot water, and filtered. Then brass wool, *i. e.*, filaments of copper, is added to the water, and any mercury in the solution by forming an amalgam with the copper is separated. After having been left at rest for some time, the brass wool is taken out, washed on the filter with water, then with alcohol and finally with ether; rolled up it is then thrown into a potash-glass test-tube and heated; any mercury present is thus sublimed at a cold part of the tube. The brass wool is removed, and a trace of pure iodine is introduced into the test tube and heated; the iodine vapors then unite with the hydrargyrum to form iodide of mercury, and a bright-yellow to fine carmine-red deposit proves the presence of mercury. After a prolonged

course of treatment Dr. S. says that mercury was found in the fæces in such quantities that it could have been estimated quantitatively. His conclusions are as follows: 1. That mercury introduced in the organism through the skin or in any other way is eliminated continuously. 2. That this elimination in the ordinary mercurial treatment is completed after the lapse of six months. 3. That, therefore, there is no persistence in the organism of the introduced mercury. The object of these investigations was to test the statement made by Vajda and Paschkis, that mercury once introduced in the system remains there indefinitely. The author, as is seen by the above conclusions, sustains the contrary opinion.—*Med. Review*, Oct. 6.

ICHTHYOL IN INTERNAL DISEASES.

UNNA, of Hamburg, introduced ichthyol as a remedy in skin diseases, and now reports a number of cases where he used it internally. He has been most successful in the treatment of chronic and acute rheumatism. He claims there has been no remedy employed of equal efficiency in this painful disease. A 10 per cent. ointment of ichthyol and vaseline is painted on the affected joint which is then wrapped well in cotton. In some chronic cases he uses a 50 per cent. ointment, and in very bad cases he uses it pure. Good results have been recorded in muscular rheumatism. In affections of the respiratory tract inhalations are made, and especially good results can be recorded where the case is of recent standing with considerable catarrh. Inhalations are made by pouring a tablespoonful of ichthyol in a liter of hot water and then inhaling the fumes, just like turpentine. In a case of laryngeal phthisis, where the apices of the lungs were but little affected, continued inhalation relieved the subjective symptoms very much, but after all did not change the real local condition. In chronic bronchitis some patients noticed quite a relief; it has the property of diminishing the amount of secretion.

The different forms of angina yield very nicely to a solution of ichthyol. U. employed it in angina catarrhalis, angina follicularis and angina phlegmonosa; he claims for the drug the property of aborting abscess of the tonsil just as readily as a preparation of sulphur will cut short the formation of a furuncle. Quite recently the author used the remedy subcutaneously in a 10 per cent. watery emulsion without causing any untoward symptoms whatever. As an anti-catarrhal this remedy is valuable, but its anti-rheumatic properties are wonderful, especially since the remedy can be so easily applied, causing no more inconvenience than that the odor is a little unpleasant, which can be covered by the addition of a little cumarin and vanilla.—*Med. Chirurg. Centblatt*.—*Therap. Gaz.*, Oct.

THE CONSUMPTION OF HORSEFLESH IN FRANCE.

The following statistics with reference to the consumption of horseflesh in Paris may be found interesting. The municipal statistics of the city of Paris show that in 1881 the Parisians consumed 9,800 horses, and 400 asses or mules, which amounts to about two million kilogrammes of meat. The *Hygiène Pratique et Gazette Hebdomadaire des Sciences Médicales de Montpellier* regards this form of food as a valuable resource, when it is considered that many French people scarcely ever touch meat, in consequence of the enormous disproportion between the production of cattle and the population of the country. The same journal observes that science has long demonstrated the excellent quality of the flesh of the horse. This animal is essentially herbivorous, and no noxious element is elaborated in its animal economy; whilst its organic resistance to disease is such, that out of 3,000 horses which were cut up, M. Pierre, a well known veterinary surgeon, did not find one in which the viscera showed any traces of morbid lesions. Like veal and young beef, the flesh of a young horse is white, and its nutritious qualities are in direct relation with the age of the animal which furnishes it; but when the colt is three years old, its meat, already deep colored, is very nourishing.

When the horse has attained full age, its flesh contains, in a maximum quantity, all the nutritive principles which are necessary. Leibig and Moleschott have pointed out that horseflesh contains more creatine, that is to say, more albuminous matter, than ox-beef, which makes it largely nourishing. It has, in fact, been demonstrated that four kilogrammes of horseflesh are as nourishing as five kilogrammes of beef. The color is not displeasing, nor is the smell unpleasant; and its use in the treatment of diseases for which raw meat has been recommended, does not present the inconveniences which are often met with in the raw flesh of beef and mutton; in fact, every day large numbers of oxen, cows and sheep are killed which are known to be diseased, and of which it is feared to lose the sale. This can never be the case with regard to the horse, for most horses used for food are sent to the slaughter-house simply because they have become old or incapable of working, or because some accident has disabled them.—*British Med. Jour.—Cin. Lan. and Clin.*, Oct. 6.

QUASSIN AND ITS USES.

Quassin is the active principle of *quassia amara*. It is amorphous or crystallized. Both forms produce the same effects; the former is preferable at a dose of 0.04 to 0.10 gm. a day; of the latter a dose above 0.02 gm. produce toxic effects. In a healthy man quassin produces during the first few days a rapid increase of the appetite, a more complete digestion of aliments and a rapid development of strength. At a dose of 0.04 gm. before meals, it increases the alvine discharges, and therefore becomes useful in constipation caused by a feebleness of the muscular tunic of the intestines. This property is a precious one, for it permits, in many cases, to substitute the quassin for purgatives, which frequently render the constipation invincible, without speaking of the returns which most often are produced after their administration. At the same dose of 0.04 gm. before meals, quassin has been given to patients having three or four diarrhoeal discharges within twenty-four hours. After eight days of treatment the discharge became normal. Other experiments have proven that quassin has a most pronounced diuretic effect; that it increases the secretion of the salivary glands, of the fauces, of the kidneys, and also of the mammary glands. Quassin is a bitter tonic, aperient and stomachic. It must not be administered during the acute stages of diseases; but in general debility, the atonic dyspepsia, the anorexia, the chlorosis, the spasmodic vomiting, the long and difficult convalescence especially of fevers.—*Chicago Med. Jour. and Exam.*

SMALL DOSES.

Dr. THOROWGOOD says regarding the use of small doses: "I have come to the conviction that the doses of many medicines, as set forth in books, are often needlessly large, when we seek, not a eliminant or evacuant effect, but a gradual alterative or specific action from the remedy. There is probably no medicine regarding the definite action of which physicans agree better than iron; but is it necessary for the cure of facial neuralgia to give an insoluble powder like the hydrated oxide of iron in a dose ranging from thirty grains up to three or four drachms? The subnitrate of bismuth, another insoluble powder, has been given for the relief of gastric pain in such large doses that, after death, large, hard, black masses of concrete subnitrate and sulphide of bismuth have been found blocking the intestinal canal. The gentleman who made the post-mortem said the masses he removed looked like lumps of metal." As to calomel, he has seen marked beneficial results from the administration of doses of one-third of a grain, and he has found patients do much better with doses of two minims of tincture of aconite, than with doses of five to fifted minims as prescribed in the *British Pharmacopæia*. He also advises small doses of liquor arsenicalis for the relief of spasmodic asthma, and he has seen excellent results from the persevering use of smal

doses (one-fiftieth) of a grain of strychnia in promoting the restoration of exhausted nerve function, "while larger doses do but add to irritation and eventually increase the exhaustion." Tincture of nux vomica taken in doses of one to two minims, fasting every morning, he has found useful in the cure of chronic constipation.—*Druggists' Cir.*, Oct.

BEER VERSUS WATER.

Medical Press and Circular: "Advocates of the virtues of water compared with those possessed by beer when employed as articles of diet during labor will be much chagrined at the result of a remarkable contest, waged on Friday last, with a view to determining the respective merits of the two beverages. The scene of this curious trial was a farm near Amesbury, in Wiltshire, where, under the auspices of the Church of England Temperance Society, two farmers competed against one another with a view to decide which could do the greatest amount of harvest work within a given time, one drinking beer and the other water during the contest. The arrangement was entered into at a public meeting at Salisbury, when Mr. Terrell, a Wiltshire farmer, and the champion of beer, challenged Mr. Abbey, an Oxfordshire farmer, and the champion of water, to a day's labor, the stakes being £5 a side. At the end of the time "beer" was declared the winner by more than one acre, the surfaces cleared having been, by Mr. Terrell (beer), 15a. 3r. 16p.; by Mr. Abbey (water), 14a. 3r. 0p. It is, of course, to be assumed that all other circumstances were, as nearly as could be, equal on both sides, for otherwise it would hardly have occurred to the temperance advocate to suggest the competition; and this being admitted, an unmistakable victory would appear to have been secured by beer over its opponent water as a supporter of stamina during labor.—*Med. Age*, Sept. 25.

PHYSIOLOGICAL ACTION OF IODOFORM.

Revue Scientifique—St. Louis Med. and Surg. Journal: M. RUMMO has reported to the Academy of Science, the following results of experiments with iodoform on mammals and frogs:

1. Progressive diminution of the number of ventricular contractions of the heart; increase of energy of the ventricular systole.
2. Respiration remains normal under small doses, but large doses cause first an increase, then a decrease, and finally a total arrest of respiration.
3. Moderate doses increase the temperature $\frac{1}{2}^{\circ}$; large doses bring about a temporary increase, followed by a lowering of $\frac{1}{2}^{\circ}$, in spite of tetanus.
4. Local anæsthesia, general malaise, diminution of muscular and nervous sensibility and of reflexes, especially in the members injected, then general rigidity, which persists even after division of spinal column.
5. Large doses cause nausea, vomiting, dysenteric discharges and marasmus, and all symptoms of iodismus.

As an antiseptic, iodoform does not destroy the germs in putrescent matter, but may prevent their development. But dissolved in oil of turpentine, it will destroy bacteria in their fullest proliferation.—*Med. Age*, Sept. 25.

READY TEST FOR ATMOSPHERIC PURITY.

There is on exhibition at the hygienic exhibition at Berlin a ready means of testing the atmosphere of rooms, mines, etc., for presence of carbonic acid gas. It consists of an instrument comprising a rubber ball, into which is inserted a small glass neck, and a common reaction-glass filled with lime-water. The ball is filled by alternate compression and inflations, with the air of the apartment, which is then discharged into the lime-water. The quantity of carbonic acid can only be roughly estimated by the abundance

of carbonate of lime deposit. It is necessary to discharge the ball twenty or thirty times when the air is good, to cause a cloudiness. The degree of impurity of the suspected air is consequently estimated by the number of times it is necessary to discharge this ball containing it into the lime-water, before the latter becomes cloudy. This is, of course, somewhat indefinite although it answers all practical purposes.—*Med. Age, Sept. 25.*

MYXŒDEMA AND BERIBERI.

Dr. BASIL FÉRIS regards beriberi and myxœdema as identical, each being characterized by a more or less general anasarca, together with disturbed function of the nervous system. The exciting causes are the same in each disease, namely, humidity and rapid changes of temperature. He proposes as a common designation the term neuro-vascular hydroparesis, or more simply hydroparesis.—*Revue Médicale.—Med. Record, Sept. 8.*

RHUS TOXICODENDRON AS A REMEDY FOR RHEUMATIC INFLAMMATION OF THE SHEATHS OF NERVES AND TENDONS.

THOMAS GIFFORD, M. D., of Laurel, Indiana (*Cincinnati Lancet and Clinic*), recommends *Rhus toxicodendron* as a curative agent of the "greatest certainty" in some forms of chronic rheumatic affections of fibrous tissues. For instance, what is commonly termed "sciatica" may be a pure neuralgia of the sciatic nerve, or it may be a rheumatic inflammation of the sheath of that nerve." In the neuralgic form, *rhus toxicodendron* is not the remedy; but in the rheumatic form it is of marked efficacy, if used according to certain directions. The powdered leaves, the infusion, and the extract are nearly inert, and therefore the drug has fallen into disrepute. Dr. Gifford pursues the following plan: During the last week of May or the first week of June he gathers the leaves of the *Rhus toxicodendron* (the *Rhus radicans* will not answer). If practicable, leaves grown in a shady place are selected, and they are gathered after sunset on a damp, sultry day. They are cut fine and macerated two weeks, in a colored bottle, with deodorized alcohol, 95 per cent., in the proportion of one part of the leaves to two parts of the alcohol. The filtered liquid, which should be kept in well-corked colored-glass bottles, contains concentrated *toxicodendric acid*, in which the medical properties of the plant reside. This is to be diluted with pure deodorized alcohol on the decimal scale. Two drops of the third dilution, taken night and morning, will act beneficially within forty-eight hours on the rheumatic form of the disease. When the pains have abated somewhat, one dose at evening is to be taken until the cure is complete. "This may look like small dosing," he says, "but I have found one case in which it was too large, and none where it was too small." In the case referred to, marked *rhus* poisoning occurred on the third day. After more than twenty years' experience with *Rhus toxicodendron*, Dr. Gifford has come to the conclusion that it exerts a decidedly curative action on diseases of the fascial sheaths of nerves and tendons. *Rhus* poisoning may be promptly and certainly controlled by freely applying *Lobelia inflata* externally (two parts of the fluid extract to one of pure glycerin), and by small doses of aconite and belladonna, internally, given alternately every two hours until the itching and burning abate.—*N. Y. Med. Jour., Oct. 6.*

SULPHO CARBOLATE OF SODA IN RHEUMATIC FEVER.

H. GREENWAY, R.C.S., writes: "The sulpho carbolate of soda has acted admirably in cases of rheumatic fever."

"For adults I prescribe 15 grains every six hours in one ounce and a half of water. Ordinary precautions of administering an occasional aperient, placing the patient between blankets, and keeping him on milk diet, must not be neglected."—*Druggists' Cir., Sept.*

RHEUMATISM OF JOINTS.

Oil of wintergreen (salicylate of methyl) diluted with an equal quantity of olive oil or soap liniment, applied externally to the joints affected by acute rheumatism, gives prompt relief, and, from its pleasant odor, is very agreeable to use.—*Boston M. and S. Jour.*, Sept. 6.

MANACA IN GONORRHOÆAL RHEUMATISM.

Dr. GEORGE HERSCHELL says in the *Lancet*, that he has successfully treated many cases of gonorrhœal rheumatism with five minim doses every three hours of fluid extract of manaca (*Franciscea uniflora*). He has also used it in simple acute rheumatism, and his results have been equal to those derived from salicylate of soda, while in some cases, manaca has succeeded when the former has failed.—*Med. and Surg. Rep.*, Oct. 13.

BITES OF SERPENTS AND INSECTS.

Dr. E. INGALLS, Chicago, writes:—In the article on the Medical and Surgical Practice of the Aborigines of America, contributed by F. Andros, M.D., and published in your issue of Aug. 4, it is stated that some tribes apply the bruised wild onion for the stings of bees and wasps. I am not aware that any similar practice has been recommended in the literature of our profession, though the juice of the common onion is an excellent application for this purpose. It should be thoroughly applied to the wound immediately after the sting has been received. It acts as a very perfect antidote to the poison, prevents swelling and speedily relieves the pain. No treatment for the bite of the rattlesnake could be better than the Indian practice of sucking the wound; and this involves no danger to the operator, for the venom is innocuous when taken into the stomach. The Indians probably acted wisely in omitting to use internal remedies, for it is not likely that the poison can be neutralized by antidotes administered through the digestive system. Brainard demonstrated the antidotal powers of iodine when mixed with the venom of serpents, but he injected the antidote, with a hypodermic syringe, among the tissues where the poison had been received. The local effects of the poison of the prairie rattlesnake, or massasauga, seem to me to be in excess of the constitutional ones. I have seen a bite on the finger cause great swelling to the entire arm, attended with a discoloration that suggested gangrene, and yet it did not produce sufficient constitutional effects to cause apprehension. In one case, I gave great relief to a patient by a free incision into the parts where the poison was received, though two hours had elapsed after the injury before I saw the case. The bite was on the foot, and a bandage had been placed tightly around the limb just below the knee immediately after it was received. The patient suffered great pain in the extremity, but this was immediately relieved by the out-flowing blood, and little constitutional disturbance followed. In the early settlement of the prairies of Illinois, to be bitten by a massasauga was not an uncommon accident, but I never knew such a case to terminate fatally. Methods of treatment that have been approved by the experience of unlettered people, should not be held as entirely beneath the notice of the profession, for in their blind experiments they may sometimes hit on what is valuable for the relief of the sick.—*Jour. Amer. Med. Ass'n.*, Sept. 1.

THE TOXIC PROPERTIES OF NITRO-GLYCERINE AND OF DYNAMITE.

Prof. BROWN in 1877 was physician to a foundry where cannon were made, and hearing the officers of artillery complain of the violent headaches which

resulted from the handling of dynamite, resolved to make certain experiments upon himself.

1st. He kept the contents of a cartridge, 100 grammes, upon his work-table for several days, agitating them constantly with a paper-cutter. No effect, showing an absence of all danger of absorption in the form of vapor or fine dust.

2nd. He kneaded a small pinch of dynamite in the hollow of his hand for five minutes. Almost immediately he felt a slight painful numbness along the radial nerve from the base of the thumb to the middle portion of the forearm. Two hours later, tension over the forehead and maxillary tissues, with a ringing in the head, like the commencement of a coryza.

3rd. He rolled a pinch of dynamite between the thumb and index-finger for a quarter of an hour. A half hour later there was painful sense of tension in the sinus of the nasal fossæ and in the forehead. All day, this being tried at 8.30 A. M., there was a feeling of slight headache. At 4 P. M., on going out into the air, this passed off.

4th. For a quarter of an hour rubbing with force in the palm of the hand a small quantity dynamite. In ten minutes strong tension in the temporal and parietal regions; pain in the forehead; heat of face; painful arterial pulsation in the neck and at the temples; slight nausea; slight giddiness. This was tried at 2.30 P. M., and some of the symptoms persisted until bedtime.

5th. At 2.30 P. M. placed a piece of dynamite on the tip of the tongue, of the size of a small lentil. At first the taste was sweet, then agreeably acid, and finally burning. He then spit it out, having taken care not to swallow, and got up to wash out the mouth with water, when he was taken with a vertigo which obliged him to hold on to the furniture. The occiput was the seat of a heavy pain; the skull seemed to dilate until it would split open; the heart beat violently and rapidly; the arteries of the neck and temples were distended and beat with excessive violence. There was anxious respiration and slight nausea. He was obliged to make an effort to analyze his sensations and transcribe them. No disorder of urine.

In five minutes cephalic and cervical tension diminished. Pulse 80 and irregular. In a half hour no symptoms other than the cephalic; in an hour nausea on walking, frontal cephalgia, weakness, fatigue and constant yawning. That evening he dined out in company, drank several glasses of different kinds wine and a cup of coffee, which seemed to remove all the symptoms. The next day he felt a disturbance in the head, and the need of quiet, rest and sleep.—*Bull. Gen. de Ther.*—*Jour. Am. Med. Ass'n.*

POISONOUS SODA-WATER.

GEORGE HAY, M. D., etc., *Chemist*, writes:—The other day I walked into a drug-store in Pittsburgh, and was soon engaged in conversation with the druggist. "My soda-water has a strange taste," observed the pharmacopolist. He drew a little of the water, and I tasted it. I then requested him to put up half a pint of it in a clean bottle, and told him that I would take it to my laboratory and examine it. This I have done; and I find the water to be dangerously impregnated with copper,—in proof of which I enclose a small piece of iron heavily coated with *metallic copper*, which coating was derived from only *two fluidounces* of the soda-water. The copper no doubt existed in this water as carbonate of copper, held in solution by excess of carbonic acid, and was doubtless derived from the saturators, which are in all cases made of that metal, and, I believe, generally coated inside with tin. By and by, however, the *tin* gets dissolved (as carbonate held in solution in excess of carbonic acid, and *then* (if not before) the copper is exposed. I say nothing about tin here, as I have not examined for it. It has frequently occurred to me that in every large city there should be a public analyst, whose business it would be to examine solids and liquids used as foods, in the interests of public health. But why do I make such a suggestion? To judge from other appointments, the situation would be given to some political bummer, some cheap incompetent, some school-boy fresh from some miserable college, some

pedagogue mouthing chemistry from a book, some donkey compared with which Balaam's was an ass of genius, some old soldier with a wooden arm or perhaps with even a wooden head, or something else equally ridiculous.—*Med. Times.*

OXIDE OF ZINC POISONING.

At a meeting of the Société de Médecine de Nancy, Dr. SPILLMAN communicated his observation of a patient who presented toxic symptoms after the ingestion of a certain quantity of powdered oxide of zinc. N., aged 23 years, was affected with a syphilitic chancre. He was ordered Ricord's pills and an application to the sore of powdered oxide of zinc. The patient, a German, not understanding the directions, when at home drank about ten grains of the powdered oxide of zinc in a glass full of water. After a few moments he was taken with severe pain across the stomach, fainted and fell into a collapse. The druggist who furnished the powder gave to the patient whites of eggs. The doctor saw the patient several hours after the accident; he had cold extremities, pulse small, and continued vomiting. The vomiting persisted for over forty-eight hours, in spite of the means employed (ice, opium, etc.). It was evident that the powdered oxide of zinc had been transformed into a chloride of zinc. An adult secretes about 13,000 to 15,000 gram. of gastric juice daily, which contains four to five grams of hydrochloric acid per 1,000. The albumen, taken in time and in large quantity, had transformed the zinc salt into an insoluble albuminate.—*Revue Méd.—Chicago Med. Jour. and Exam.*

ARSENIC IN KINDERGARTEN PAPERS.

A few months ago a medical journal called attention, editorially, to the presence of arsenic in the kindergarten papers manufactured by a well-known Massachusetts firm. Only a brief account of the examinations was given, and a general statement that arsenic was present in many of the papers, especially in the brighter colors.

Within the last month a number of kindergarten papers, not manufactured by the aforesaid firm, have been examined in the Polyclinic Laboratory, with the result of finding arsenic in large amounts in all the shades of red. Specimens of green paper could not be obtained at the time the experiments were made. The blue papers contained ultramarine, a harmless color, and the yellow, lead chromate. As to whether this substance is or is not dangerous, is difficult to decide. It is certainly highly insoluble. Nevertheless, yellows known to be harmless can be obtained, and should be used.

It is especially noteworthy that the arsenical colors are easily detached by maceration in cold water. This is due to the fact that they are simply *glazed*; that is, the color is put on the surface of the sheet with some adhesive material. The action of water, or even the moisture of the fingers, will dislodge the glaze. Another grade of papers is made in which the color is worked into the pulp before the sheet is made. Water will not dislodge the color in these. They are known technically as "engine colored," and should be given preference in kindergartens.

It is, perhaps, true, as claimed in the circular of one of the firms that make kindergarten supplies, that no harm has ever been known to result from the use of arsenical papers, and doubtless the public announcement of the results of analysis savors slightly of a sensational spirit: yet it must be admitted that we are not obliged to use these papers, and therefore, however slight the danger, it is an unnecessary one. The engine colored papers are safe; non-poisonous colors of all kinds can be made; and if the two conditions were unavailable, it were doubtless better, educational leaders to the contrary notwithstanding, to throw aside the whole kindergarten system, rather than have children subjected to any risk of poisoning.—*Polyclinic, Sept. 15.*

POISONING BY BOSCHEE'S GERMAN SYRUP.

The following case may be of interest to the profession. A short time ago, I visited a patient at about 10 A. M., and while examining him, my attention was called to an infant three weeks old, who the mother said was dying. Upon hasty examination and inquiry, I was at a loss to account for its alarming condition; but being struck by its marked cyanotic appearance, slow respiration—three or four a minute—contracted pupils, responding sluggishly and feebly to light, and pulselessness, I asked the mother if she had given it anything. She replied that on the afternoon of the previous day she gave it three or four drops of Boschee's German Syrup for a "slight cold" it had had for a day or two. This statement of the mother at once threw a flood of light upon the case, as the symptoms were undoubtedly those of opium poisoning. The alarming symptoms came on about an hour after the administration of the syrup, and had continued ever since. The child had always enjoyed good health, excepting the "slight cold" already referred to. There was no discoverable pulmonary or bronchial lesion. Atropia and stimulants produced a slight but transient improvement in the symptoms and the child died in a few hours, about thirty after the administration of the syrup.—*Druggists' Circular*.

POISONING BY "COSMETIQUE DELACOUR."

This well known preparation, which hitherto has sold in France as a nipple dressing, has been condemned as a secret remedy by the Tribunal of the Seine, Paris. A child having been half poisoned owing to its having been used by its nurse. Dr. Brouardel was commissioned by the police to make an analysis of it, the result being that it was found to consist of nothing but a mixture of acetate of lead and starch. The proprietors were sentenced by the Tribunal of the Seine to pay a fine of 50 francs and costs for having prepared, advertised, and sold a secret remedy. The fine is a small one, but the judgment effectually stops the sale of the nostrum in France. Alluding to the affair, the *Chemists' Journal* remarks that now "the proprietors may establish themselves in England, and endanger the lives of as many babies as they please, as long as they affix the magical government stamp to their boxes."—*Druggists' Cir.*

ACTION OF OIL OF TURPENTINE AS ANTIDOTE TO PHOSPHORUS.

Dr. MAREAU has been experimenting upon the *rationale* of the antidotal action of turpentine in poisoning by phosphorus, and has come to the following conclusions:

When phosphorus is introduced into the system it is oxidized there at the expense of the blood, forming hypo-phosphorous, phosphorous, and phosphoric acids. Death is not caused by these oxides of phosphorous, but in their formation from phosphorus. Breathing ceases because this transformation takes a considerable quantity of oxygen from the blood, and moreover the blood corpuscles that have been attacked are not able to take up any more oxygen.

Ordinary oil of turpentine prevents the poisonous action of phosphorus, because it opposes its oxidation by forming one or more compounds with it that are not poisonous, not greedy for oxygen, but are eliminated with the urine. The most remarkable of these is terebenthine-phosphorous acid. For the turpentine oil to be effective it must contain active oxygen; as this is not the case with rectified oil of turpentine, this explains why it fails to act as antidote to phosphorus. According to Rommelaere, 15 to 30 centigrammes of phosphorous, when introduced into the stomach, will cause fatal poisoning. Oil of turpentine should be given without vehicle in doses of a gramme each, every half hour, for 2 or 3 hours, then at longer intervals, according to the condition of the patient. The use of all alcoholic liquors must be forbidden at this time. Mucilaginous drinks and water may be allowed.—*Pharm. Centralhalle*.—*Druggists' Cir.*

POISONING FROM BORACIC ACID.

Prof. RAGNAR BRUZELIUS reports a case of poisoning following the use of a four per cent. solution of boracic acid taken as an injection in chronic diarrhoea, thus showing that this drug is not an indifferent remedy by any means as a great many are inclined to think. J. M., æt. 23, fireman by occupation, contracted a chronic diarrhoea while in India, for which he used as injection a solution of boracic acid, (1400—1500 c.c.m.) night and morning.

December 2nd, there was some irritation of the schneiderian and pharyngeal mucous membrane; on the 3rd, tongue was coated white and expired air had a bad odor, pain in the epigastric region; 4th, there was present alternating chilliness and fever, sleeplessness, headache and difficulty in deglutition; temperature had gone up to 39° C. by this time. Injections were discontinued. Dec. 5th, patient was worse, was somnolent but not unconscious. Eyes had a dull appearance, conjunctivæ were injected. Dec. 6th, temperature had run up to 40° C, and the pulse beat was 112 per minute. Little or no change was noticed now until Dec. 8th. A wide spread erythema made its appearance, being confluent about the neck and well developed over the body. Patient complained some of an oppressive feeling about the chest. Examination showed subcrepitant rales and weakened respiratory murmur over the left lung. Urine contained boracic acid, but was of normal specific gravity. Dec. 11th, eruption commenced fading and the temperature again assumed its normal curve.

Reports on the toxic actions of boracic acid are comparatively rare. Molodenkow, reported two cases (*Petersb. Med. Wochenschr.*) with fatal results, the first that can be found in literature. Since then there have been a few others reported. In both cases reported by Molodenkow, toxic symptoms and death was caused by the use of a 5 per cent. solution after thoracentesis. The pulse soon became weak small, and vomiting set in. The following day an erythema made its appearance, commencing about the face, and in three days after the operation it involved the whole body; vomiting continued, pulse became weaker, and the patient died on the third day following the operation. Second case the symptoms are similar to first; a 5 per cent. solution had been employed to wash out an abscess of the nates; patient died on the second day from paralysis of the heart.

After the use of a solution of boracic acid great care should be taken that there are no deposits of the acid remaining to be absorbed.—*Schmidt's Jahrbücher.—Gin. Lan. and Clinic.*

SYMPTOMS OF CARBOLIC ACID POISONING.

A few days ago, writes H. H. VINKE, M. D., St. Charles, Mo., I had a chance to study the symptoms of carbolic acid poisoning in two children, the one, a boy of 8 years, and the youngest, a girl of 5 years. They were both troubled with *Oxyuris vermicularis* (thread-worm), and I had prescribed carbolic acid, twenty drops to be added to a pint of water, and used as an injection. But on account of some misunderstanding the mother had added a large teaspoonful of the acid (which contained by actual measure seventy drops) to a pint of water. She had given both children the above injection about half-past 7 o'clock, a. m., and in about 5 minutes after the administration of the injection, they both fell asleep, and slept for about twenty minutes. After this they awoke, got up from their bed, talked constantly and incoherently, walked about the room in a very restless manner; very soon their gait became uncertain and unsteady, till, unable to maintain an erect position, they fell upon the floor. They were entirely unconscious, their eyes had a wild and vacant stare, and pupils were much dilated. Their breath was charged with vapor of carbolic acid. The forehead of both children was hot, extremities, however, were of a normal temperature; the skin was covered with perspiration. The pulse was full and frequent. Even after they had been put to bed, they showed constant muscular agita-

tion, and it appeared that they might have convulsions any moment. They did not appear to suffer any pain.

About 9 o'clock, a. m., they became more easy and quiet, the muscular agitation gradually subsided, and they fell into a comatous condition from which they could be aroused only with difficulty; when they would open their eyes, still having that same wild and vacant stare. During this state, respiration was somewhat laborious and diminished in frequency. About 11 o'clock, a. m., the boy, when aroused, appeared to be conscious, but immediately relapsed into a somnolent state.

About one hour later, the girl regained consciousness. Soon after that they commenced to vomit and vomited more or less all day. After that they recovered rapidly.

In regard to the treatment, I wish to add that immediately upon my arrival at the house, I washed out the rectum with an injection of water, soap, and castor oil, and not knowing an antidote for carbolic acid, I administered five drops of spts. aeth. nit. every hour, with a view of eliminating the poison by the kidneys.—*Med. News.*

POISONING BY ALCOHOL.

From time to time we have to record sudden deaths from what has been regarded at the time as an overdose of alcohol; but we fear that, in many of these cases, not only the quantity, but the quality, of the intoxicating fluid is at fault. In a recent number of the Journal we gave the analyses of some samples of shebeen whisky that had been seized at Greenock, and very noxious compounds they were. Recently, we observe, it has been reported to the Paisley Town Council that many of the intoxicated persons brought in by the police had bottles of methylated spirit or "finish" in their pockets. The matter has very properly been brought under the notice of the authorities, with the view of adopting measures to prevent abuse of the liberty given to sell methylated spirit free of duty. Indulgence in this form of spirit must materially add to the dangers of intoxication.—*British Med. Jour.*—*Louv. Med. News.*

POISONOUS CANDY.

A death is just reported in Philadelphia, of a child, from eating candy loaded with "Georgia Clay." There seems no use of longer warning parents against candies. They are made of *clay*, *arsenic* and *glucose*. There is nothing but *death* in the cheap candies now in the American market. Glucose, or corn sugar, gives them sweetness; clay and white earths form the body of the candy, while arsenic and other deadly poisons are used to give color. *These are known facts.* Not one of the ingredients named but is injurious to adults. What are they to children?—*Science and Health.*

DISEASES OF THE NERVOUS SYSTEM.

LESIONS OF PERIPHERAL NERVE-TRUNKS.

In the *American Journal of the Medical Sciences*, Dr. WEIR MITCHELL publishes an interesting paper on nerve-lesions, illustrated by five recent cases, which he has very carefully noted and studied. Nothing which we know as yet explains all the clinical phenomena of these interesting cases, and, in all probability, some of the variations in the symptoms observed are to be attributed to differences in the character of the disorder affecting the nerve-trunks, or even to the nature of the causes originating the active pathological

condition. In one of the cases, among the various points of interest none exceeds in value the abrupt extension of the areas of lessened sensation which was seen after section of the median and radial nerves. This was not to be accounted for upon any knowledge which we now have of the peripheral distribution of nerves, since in one case the dysæsthesia spread far beyond the region tributary to the nerve stretched or cut; and, in the other, in some directions did not cover the whole regions usually affected after radial nerve-sections. Generally speaking, the symptom is to be considered as one of the many forms of shock. A sudden injury to a nerve already morbidly altered gives rise to an inhibition of function in certain closely related centres. The disturbance might be in the direction of motor or of sensory inhibition, and both forms are among the rarer phenomena of nerve-wounds from rifle-balls. The fact itself is less surprising than its permanence, nor is it easy to comprehend the precise nature of an influence which may act on such varied functions, and act so persistently. In a case of section of the infra-orbital nerve for facial neuralgia, the remarkable feature was the fall of temperature, a symptom exceptionally rare in any form of neuritis, whether of internal or traumatic origin.—*Med. Record.*

THE SIGNIFICANCE OF DOUBLE SCIATICA.

In a recent clinical lecture Professor CHARCOT described the case of a woman, aged sixty-one, who had been operated on several times for scirrhus of the breast. She developed severe double sciatica, with pain in the region of both anterior crural nerves. The pains were exasperated by the erect position, so that walking became impossible. There was tenderness in the lumbar and sacral region of the spinal column, but there was no muscular atrophy, alteration of reflexes, or disturbance of the functions of the bladder or rectum. Professor Charcot insisted that double sciatica is always symptomatic, and the causes are (a) diabetes; (b) certain spinal diseases, for example, locomotor ataxy and meningo-myelitis; and (c) some alteration in the nerves themselves. There was no sugar in the urine, nor any evidence of those spinal affections; and in the absence of any sign of a tumor in the pelvis the readiest explanation was cancerous invasion of the vertebral column, causing pressure on the nerves. Secondary cancer of the spinal column was held by Cazalis to be very common, especially after scirrhus of the breast, but it may be also met with in cancer of the stomach. In practice it is important to note that the presence of double sciatica in cancerous patients indicates metastasis, and contra-indicates operative interference. Conversely, severe neuralgic pains in patients at the age for cancer should suggest a careful examination of the breasts, the stomach, and the uterus. Such pseudo-neuralgic pains are the ordinary clinical signs of vertebral cancer, but a fungous mass may project from the spine, in which case the vertebrae will be infiltrated, and the consequences will be similar to those of Pott's disease.—*Boston M. and S. Jour.*

DANGER OF ERGOT IN LOCOMOTOR ATAXIA.

Dr. J. GRASSET relates the case of a patient, thirty-eight years of age, suffering from progressive locomotor ataxia, to whom Charcot gave ergotine in doses gradually increased from four grains to fifteen grains daily. When the dose had reached the latter figure the patient became, with but slight warning, totally paralyzed; sensibility at the same time was markedly diminished. As soon as the drug was stopped the paralysis quickly disappeared, leaving the original trouble slightly increased. The author recalls the investigations of Tuczeck into the changes in the posterior columns in ergotism; those would indicate that ergot will not only not cure ataxia, but can even, under certain circumstances, induce sclerosis of the posterior columns. In any case, great care should be used in the administration of ergot in this disease.—*Med. Record.*

THE ETHER DOUCHE OR LAVEMENT FOR LOCAL PAIN.

C. H. HUGHES, M. D., writes: A paragraph in the *Medical Times* of the 10th of February, 1883, referring to the ether spray in the cure of neuralgia, prompts me to call attention to the fact that ether lavements have been employed by me in all painful surface-affections for many years, whether with or without inflammation, but mainly in neuralgic affection. In facial, sciatic, and cervical neuralgias, no remedy except galvanism has given me such signal satisfaction during the past ten years of my practice in neurology. These lavements will cure some cases of recent origin; they will relieve all. I use the ether douche, not the spray, and Dr. McLane Hamilton is in error in his reference to my treatment of the intense pain of cerebellar abscess by ether spray. In the case referred to, which I reported in 1877 (*Journal of Mental and Nervous Diseases*, October), I simply poured the ether on the head so copiously as to benum all sensibility and restore a state of ease and mental tranquillity to a patient absolutely maddened with pain.

The ether douche or lavement in trigeminal neuralgia is quite uncomfortable to many persons, on account of the unpleasant impression of the ether on the nose and eyes; and when applied to the supraorbital region great care should be taken to keep the ether out of the eyes by laying the head back and covering the eyes with a handkerchief. If the ether should get in the eyes, the patient should be cautioned not to rub them, but simply to sponge the eyes with cold water and wait patiently till the ether evaporates. The same is true in regard to ether getting in the ears.

There is no need of a spray apparatus for ether. It should be used freely in quantities adequate to the effect desired. It should be poured on the part till relief is obtained. I apply it in this way to the motor regions of the head and down the spine in general or unilateral chorea likewise.

No better agent can be employed for cephalalgia and for acute muscular tremor than the ether douche or lavement. Of late years I have heard of the ether spray, but the ether *douche* or lavement has been with me a most common and efficient agent in the local therapy of pain, especially superficial pain, for more than a decade, ranking with electricity, and better than mechanical vibration.—*Med. Times*, Sept. 8.

REFLEX PARAPLEGIA.

Dr. THOMAS OLIVER relates, in the *Liverpool Medico-Chirurgical Journal*, two cases of paraplegia associated with morbid conditions of the genito-urinary apparatus, which would seem to be confirmatory of the theory of the reflex nature of the paralysis in certain cases. The first patient was a man, forty-six years of age, of temperate habits, and without any history of venereal disease. He was working one day in a garden, when he suddenly experienced a severe pain in the back, which became so intense that he started for home. Before proceeding far, however, he began to stagger and soon lost all power in his legs. A fortnight later he was brought to the infirmary in a condition of complete paraplegia. He still complained of pain in the back, and at night there was subsultus tendinum, during which the pain was more severe. There was difficulty in passing water, and the flow would sometimes be suddenly arrested. Exploration of the bladder with a sound gave negative results. The urine contained a quantity of pus, and on a few occasions he passed a little blood. There was no rigidity of the muscles, and the plantar and patellar reflexes were normal. A localized area of dulness, extending from the eleventh rib to the crest of the ilium was detected, which was also extremely painful on pressure. A renal calculus was suspected, and a long needle passed into the right kidney came in contact with a hard gritty substance. Under the influence of rest and remedies administered for the relief of pain, the patient recovered the full use of his limbs, and has remained well. The second case was that of a lady, twenty-eight years of age, who had completely lost all power in her legs. Sensation

was normal, and there was no muscular rigidity. Vaginal examination revealed the existence of retroflexion of a heavy uterus, the lifting up of which was painful. As she had not menstruated for three months there was a possibility of pregnancy. Complete return of power in the limbs followed treatment of the uterine condition. The loss of power was stated not to be hysterical. Dr. Oliver concludes, from a study of these and other similar cases, that paralysis may be purely reflex in character, and he thinks that the term reflex paraplegia should be retained in our classification of diseases.—*Med. Record*, Oct. 6.

RECOVERY FROM LOCOMOTOR ATAXIA.

Dr. LOUIS HENRY reported the following case to the Victorian branch of the British Medical Association (*Australasian Medical Gazette*): A man, twenty-nine years of age, of temperate habits, and free from any suspicion of syphilis, had been suffering for some months from symptoms of progressive locomotor ataxia. The distinctive signs of the disease were well marked and steadily increasing in severity. He was first put upon large doses of iodide of mercury, but as neither the fulgurating pains nor any other symptoms were improved after a two weeks' trial, nitrate of silver, in divided doses of one grain per diem, was substituted. The patient was anesthetized and the whole length of the spinal region was cauterized with the button of the thermo-cautery. The ulcers were kept open by a covering of a strip of linen smeared with resin ointment. The patient was further ordered the use of foot-baths of hot water and common salt three times a day; and during his stay in bed was to wear stockings containing powdered mustard. After about three weeks of this treatment, the nitrate of silver being gradually forced to one grain three times a day, the resin ointment was removed, and the back allowed to heal. The legs were now massaged twice daily, and a solution of iodide of potassium, eight grains, and liquid extract of ergot, one-half drachm, ordered to be taken at 8 P. M. and 8 A. M., with the view of allaying the slight pains in the legs and controlling the emissions, which rarely, but occasionally still made their appearance. A very marked improvement now began to show itself. The pains in the lower limbs completely disappeared, the abdominal constriction vanished, the emissions ceased, the walk and gait became more sure and natural, and the patient regained sensation in his feet, so that, with his boots on, he could, when the report was made, feel the divisions in the wooden floor. For the past two weeks he had been taking eight-minim doses of the liquor strychniæ, and faradization was applied to the spine and lower extremities by means of a wire brush. The improvement, which was very evident, would, the author hoped, be permanent.—*Med. Record*, Oct. 13.

NITRO-GLYCERINE IN EPILEPSY.

Dr. F. W. CAMPBELL, Med. Clin. Soc., Montreal, spoke of the good effects of a one per cent. solution of nitro-glycerine in two cases of epilepsy. The first was a young woman who used to have an attack every four or five weeks; occasionally would be free for about two months. Gave her one drop three times a day, since which time (Dec. 16) has not had a single attack. The second case was a man whose attacks varied in frequency from three or four a day to one in two or three weeks. Three months ago put him on one drop doses three times a day. He has not had an attack since.

Dr. Henry Howard asked if these were cases of pure epilepsy, because the nitro-glycerine treatment has not proved to be of much use in true epilepsy—that is, where there is loss of memory and micturition during the seizure.

Dr. Campbell did not know if his patients micturated, but believed they were true epileptics.

Dr. Henry Howard said that according to modern alienists, loss of memory and micturition must be present else it is not true epilepsy, and the treat-

ment of most use in these cases is tying the internal carotid. This is useless in the pseudo cases.

Dr. Kennedy mentioned having had good success in one case of epilepsy with 10-grain doses of borax three times a day.—*Can. Med. Record*

EFFECT OF METALLIC POISONS ON THE SPINAL CORD.

The affections of the nervous system produced by contamination with certain metals, as lead and mercury, have been studied more extensively clinically than pathologically, and even yet it may be held to be undetermined whether the action of the poison is upon the peripheral or the central apparatus. Dr. Popow has recently put on record the results of an anatomical investigation upon animals (chiefly dogs) poisoned by arsenic, lead, and mercury, respectively (*Virchow's "Archiv,"* 93, Heft 2), and in most cases he was careful to administer the poisons in varying quantities, so as to contrast the effects of acute and chronic poisoning. The general results of his inquiry goes to show that marked changes of an inflammatory character occur in the spinal cord, both in the gray and white matter, under all these conditions. In acute arsenical poisoning the spinal cord was softened, the gray matter especially being reddened and swollen; there was proliferation of the nuclei of the blood-vessels, and an exudation of a peculiar hyaloid substance. The nerve-cells were swollen, their processes dwindled, and their protoplasm granular or vacuolated, while in the white columns the axis cylinders showed irregular thickenings. In chronic poisoning it was difficult to discriminate between the two portions of the cord, the divided surface having a yellowish-red color throughout; the walls of the vessels were thickened, and hyaline masses abounded; the nerve-cells vacuolated, or shrunken and pigmented; while free pigment masses, representing traces of hæmorrhage, occurred throughout the sections. In other words, there is, in poisoning by arsenic, a central myelitis at first, and later a diffuse myelitis. Very similar changes were found in the spinal cord after poisoning by lead—namely, exudation from blood-vessels; a general affection of the nerve-cells, beginning as cloudy swelling, and passing into atrophy and pigmentation; and inflammatory swelling of the axis cylinders. In mercurial poisoning, the early changes consist of hyperæmia of membranes and of the cord, followed by hæmorrhages, inflammatory exudation, and changes in the nerve-substance hardly differing from those seen in the other two cases. In each instance the peripheral nerves and the nerve-roots showed no alteration; so that the conclusion is that the paralysis, spasms, etc., characteristic of the toxic effects of these metals depend upon a central rather than a peripheral disturbance, all the degenerative changes described as occurring in nerves and muscles being strictly deuteropathic.—*Lancet.*—*N. Y. Med. Jour.*, Oct. 13.

PROGRESSIVE LOCOMOTOR ATAXIA.

We here translate certain extracts from Prof. HARDY's Clinic. The first symptoms of ataxia are generally some affection of the eye. Sometimes an internal strabismus, sometimes a ptosis of the upper eyelid with external strabismus. Associated with the strabismus is, of course, diplopia, which is not continuous, but which makes itself felt only when the patient looks straight before him or a little to one side. In other cases hemiopia and amblyopia may occur, and sometimes a certain difficulty in discriminating colors; the patient does not distinguish the reds and blues, the green and yellow being recognized as in the normal condition. Moreover, the pupils are unequal and contracted, reduced to a very small diameter and sometimes even insensible to the light. Such are the symptoms which are observed in the early period of locomotor ataxia. To these symptoms should be added lancinating pains, which as well as the eye disturbances may disappear in the second stage of the affection. The second period develops the incoordination

of the movements of the body associated with an anæsthesia more or less extended, incontinence of urine, constipation, impotency, joint affections, muscular atrophy, and sometimes le mal perforant of the sole of the foot. The third period is characterised by a genuine paralysis, loss of sight, involuntary discharges of both urine and fæces. The causes of ataxia are well recognized: inordinate labor, continued night watchings, venereal excesses, grief, etc. M. Hardy discards the idea of M. Fournier, who maintains that syphilis is the most frequent cause of ataxia. The best mode of treatment consists in giving for fourteen days the iodide of potassium, in doses varying from two to four grammes a day, and for another fourteen days nitrate of silver varying from one to four centigrammes a day in pill form, continuing this treatment alternately. Small points of actual cautery over the vertebral column have given good results. Electricity has no influence whatever over ataxia. To relieve pain M. Hardy recommends frictions with a liniment containing one-quarter its volume of chloroform and one-quarter laudanum. Subcutaneous injections of morphia and chloral per orem should only be administered at intervals. M. Hardy claims that certain French mineral waters, hot, afford unquestionable success—*Med. Review*, Sept. 22.

LOCOMOTOR ATAXIA.

Dr. S. G. WEBBER in *Boston Medical and Surgical Journal* says: A. Eulenberg considers the curability of locomotor ataxia. In 300 cases he has had three recoveries, the patients remaining well for several years, in one case eight years. The characteristic symptoms disappeared, and there remained only insignificant traces of partial anæsthesia. The proportion of cures is small, but he recalls the fact that in a disease that has been considered incurable a proportion of recoveries so small as one in 100 is encouraging. The treatment was not the same in each case. He used galvanism, hydro-therapy, and nitrate of silver; the silver was used in two of the three. He recommends the subcutaneous injection of a silver albuminate. In regard to hereditary ataxia he further says: L. Rüttimeyer reports several cases resembling Friedereich's hereditary ataxia. Eight were in one family, and three in another. It appears sometimes as early as four years, sometimes as late as the eighteenth year. The disease is quite different from progressive locomotor ataxia; there is not the lancinating pain; the ataxic gait appears early, and soon there is inco-ordination of the upper extremities; the speech shows disturbance of co-ordination, and there is ataxic nystagmus; tendon reflex is absent; there is often a slight diminution of sensibility; muscular sense is not disturbed; at length there is paraplegia with contracture; bed-sores rarely form; there is no disturbance of bladder; the mind is not affected. Rüttimeyer thinks the disease affects the spinal cord primarily, the medulla oblongata and corpora quadrigemina secondarily. Dr. William A. Hammond has also suggested that the medulla oblongata may be the seat of the lesion in this affection.—*Med. Review*, Oct. 6.

CASE OF "SAWYER'S CRAMP."

W. W., æt. 38, came as an out-patient to University College Hospital, March 8th, 1883, under the charge of Dr. G. V. Poore; the ailment then being of a year's duration. He was a maker of packing cases, and had been engaged in piece work, making his cases against time as it were for ten or eleven hours a day, and occasionally for fourteen hours. On taking the saw in his right hand there was noticed a slight tremour of the blade, due to a little shake of the hand. The saw was thrust forward through the wood fairly well, but the back stroke could not be accomplished, and the attempt was accompanied by abnormal elevation of the shoulder, scapular movement, adduction of the elbow, rotation outward of the forearm, flexion of the wrist and swaying to and fro of the body. These movements were difficult to

analyse, the general impression left upon the observer being that the whole of the muscles of the upper right limb behaved tumultuously when the man attempted to saw. With the left arm he could saw perfectly well. The patient stated that he could perform every movement and every act with the right hand, with perfect readiness, with the exception of the act of sawing. On close inspection there was seen to be distinct diminution in size of the right supra-spinatus, and pectoralis major muscles. The muscular wasting in the above situations, though very slight, was undoubted. The next step in the examination was to determine if any nerves of the brachial plexus were tender. There was no tenderness above the clavicle, nor over the situations of the great nerve trunks of the upper limb. There was a markedly tender spot in the right pectoral region, in the second interspace, midway between the mid-sternal line and the point of the shoulder; and a second one just where the inter-scapular nerve enters the infra-spinous fossa of the scapula. Next the muscular irritability was tested by faradism. It was found that the muscles of both upper limbs manifested equal degrees of irritability with one exception, both portions of the right pectoralis major showed a marked degree of excessive irritability, and contracted readily to a current which produced no effect on the left side. The position of the supra-spinatus prevented its being accurately tested, since the movement of the trapezius effectually masked any movement of the muscle beneath it.

The writer remarks that it will be observed that the case lends no support to the statement which is generally found in the text books, that in the professional ailments of this kind, there is nothing the matter except the derangement of a special co-ordinated movement. In this patient distinct evidence was obtained of derangement of special muscles and special nerves. —*Brain.*—*Md. Med. Jour.*, Sept. 15.

DISEASES OF THE ORGANS OF RESPIRATION.

MORBID CHANGES OF THE THROAT, LARYNX, AND AIR-PASSAGES IN SOME ACUTE INFECTIOUS DISEASES.

Dr. E. LÖRI, of Buda-Pesth, gives the following as some of the changes which may be observed. In measles, twelve to thirty-six hours before the appearance of the skin rash, there is a diffuse or macular hyperæmia of the mucous membrane of the throat, larynx, air-passages, diffuse usually in the mouth, macular on the tonsils and back of the throat. Within twelve hours from the appearance of this hyperæmia there occur small papules, first on the palato-glossal folds. About the time that the skin eruption appears there is profuse catarrh of the pharynx, larynx, and trachea, with rapid shedding of the epithelium, and frequent formation of superficial erosions. In the trachea the swelling around these latter may give rise to stenosis. According to the writer, the appearance of such ulcers in the larynx augurs the occurrence of tuberculosis. In scarlatina, the throat is affected twelve to thirty-six hours before the outbreak of the eruption. The writer states that there is often a sudden disappearance of the affection of the mouth and pharynx coincident with the eruption on the skin coming out. Frequently the eruption in the mouth closely resembles that found with measles. In rubeola there is also hyperæmia, diffuse or spotted, of the larynx and trachea. In smallpox the mouth is affected at the same time as the skin. The pustules are small and imperfectly filled, dry up in two or three days, and in six days are only represented by red spots. Bleeding from them is very common. The writer recommends the use of ice poultices round the neck, ice internally, and such astringents as tannin applied after puncture of the pustules. In chickenpox there occurs either diffuse hyperæmia of the mucous membrane, or a few scattered pustules. In typhus and typhoid, acute catarrh of the pharynx, larynx,

and trachea is of frequent occurrence, and often proceeds in the larynx to the formation of ulcers, which have little tendency to heal, and occasionally, about the sixth or eighth week of the disease, cause perichondritis. For this latter condition, "when diagnosed with certainty," the writer recommends tracheotomy as early as possible. In whooping-cough there is usually some catarrh of larynx and trachea, and bleeding from the mucous membrane is frequent. The appearance, during the course of whooping-cough, of ulcers in the larynx, the writer regards as very suspicious of the onset of phthisis.—*Edinburgh Med. Jour.*—*Can. Lancet*, Sept.

PLEURO-POLMONARY COMPLICATIONS OF ERYTHEMA NODOSUM.

According to M. GERMAIN SÉE erythema nodosum, though usually a benign disease characterized simply by a straight febrile movement, a little gastric disturbance and some articular pains and by local cutaneous phenomena, may sometimes take on a very grave aspect. In support of this opinion he cites a case of a man forty-five years of age, who, after an attack of erythema nodosum, just as the local cutaneous phenomena began to disappear, was seized with a sharp pain in the side and a severe attack of pleuro-pneumonia supervened, of which he died. The pleural lesions were developed from three centres, and M. Sée considers these to have been three patches of erythematous exudation similar to the nodulous patches upon the skin, and that these patches, at first discrete, became general. Dendy, Begbie, Neumann, and Trousseau have published analogous cases. M. Sée does not consider erythema nodosum to be of rheumatic nature. He says it is a specific fever, an essential affection, and separates it from papular erythema, which appears to him to be rheumatic. His conclusions are as follows: 1. Erythema nodosum is a specific fever analogous to the eruptive fevers, and is not a cutaneous manifestation of rheumatism; 2. This fever, benign in general, may be complicated by respiratory affections; 3. Pleurisy is the most frequent of these complications; 4. This pleurisy usually presents no special characters; 5. However, in the single case terminating fatally. It is well to note the development in patches from distinct successive centres, the abnormal thickness and abundance of the fibrinous exudation, and the small quantity of the effused fluid. 6. Ordinarily these pleuro-pulmonary complications are as benign as the primary disease, though in two cases they caused death. 7. The pleuro-pulmonary complications of erythema nodosum are no more than the erythema itself, of rheumatic nature, but arise directly from the specific principle of the disease.—*Jour. de Med. de Paris.*—*Can. Pract.*, Sept.

CREASOTE IN DISEASES OF THE RESPIRATORY TRACT.

It is not at all infrequent to see a remedy introduced and recommended for nearly all the ills that human flesh is heir to, but they disappear as quietly as though they had never been known. Salicylic acid, when first introduced, was recommended for so many pathological conditions that it caused no little excitement in the medical profession; and what position does it occupy to-day? This is not unlike the fate that creasote met with; some contend that in the latter instance the disuse was caused by substituting carbolic acid for creasote, and later phenol was used in surgery because it was so much cheaper. Sometimes a drug is dropped and again taken up in a few years without any special reason. In some few diseases creasote has held its own, such as caries of the teeth, obstinate vomiting of the parturient, summer diarrhoea of children, but especially in diseases of the air passages. At present it is warmly recommended as an anti-catarrhal remedy by Bouchard and Gimbert. When employed in phthisis pulmonalis it diminishes the secretions and acts as a tonic. B. and G. advocate it as a specific in this class of cases. They treated 120 cases, of which 12 were in the first stages of consumption, 75 were in a more advanced condition and 33 were in the last

phases of phthisis. The creasote was administered diluted with alcohol or wine, or combined with cod-liver oil. The result was brilliant, as the following will show. In the first group the cures were complete, the second, 46 cases much relieved, in 17 cases no results, 12 deaths; in the last group there were 13 cases that improved, 11 deaths and 9 negative results. Prof. Traentzel in the *Charité Annalen*, is not so enthusiastic as his French confreres.—Pick of Coblenz, in *Deut. Med. Woch.—Therap. Gaz.*, Sept.

BRONCHITIS, CROUP, ETC.—EMETICS.

In an address on this subject, delivered at the annual meeting of the Metropolitan Counties Branch of the British Medical Association, by the President, Dr. C. J. Hare, late Physician to University College Hospital, the lecturer made some interesting observations on emetics and bleeding:

“It is not long ago that, in a very urgent case of bronchitis, I advised the administration of an emetic; when the gentleman whom I had been called to meet in consultation said, ‘Why, I never gave an emetic to an adult in my life.’ In former times it was not unusual, on the contrary, to commence the treatment of many diseases with the administration of a dose to procure vomiting; and although the remedy might then be given sometimes indiscriminately and according to routine, only those who have seen the effects of emetics, properly and judiciously given, can conceive the beneficial effects they sometimes produce. In the early stages of an attack of croup, it was by no means unusual to give an emetic of tartarized antimony or of ipecacuanha; and it is in accordance with the recorded experience of some of the best authorities and most practical men, and quite consonant with my own experience, too, that symptoms which presented the most certain augury of a severe attack were by these means cut short, the hoarse voice resumed its natural character, and the feverish symptoms were in a few hours relieved. I know quite well that a great fear is entertained by some as to the depressing effects of emetics; but the fear is theroretical, and not practical, and those who have had most experience in the administration of them best know how groundless the fear is. In diphtheria, too, I have seen the false membranes which are out of the reach of local remedies, and which the patients cough and cough in vain, and utterly exhaust themselves to get quit of, readily brought up by the action of vomiting, to the immense relief of the sufferer.

“In suffocative bronchitis, the effect of emetics is sometimes magical, and by their administration in such cases not only is immense relief given, but I verily believe—I am certain—that lives are saved. You are called to a patient who has been ill a few days, with increasing dyspnoea; she is sitting up in bed (I draw from nature), for to lie down is impossible; she is restless, and tossing about; the lips, and indeed the whole face, blue; the eyes watery and staring; the pulse quick and small; the cough constant; the expectoration semi-transparent and tenacious; over every square inch of the chest, front and back, from apex to base, you find abundance of rhonchi; moist, sonorous and sibilant ones in the upper part of the lungs, and muco crepitant or mucous *râles* toward the bases. Ammonia and stimulants, right and good in their way perhaps, in such a case are too slow in their action; the patient is, in fact, more or less slowly, more or less rapidly suffocating. An emetic of twenty-two grains of ipecacuanha in an ounce of water is given; in ten or fifteen minutes the patient vomits, and brings up a huge quantity of that tenacious mucus, and the whole aspect of the case is altered: the distressed countenance is relieved; the breathing is at once quieter; and the patient is able for the first time for the past twenty-four hours to lie moderately low in bed, and to get some sweet, refreshing sleep. The patient is, in fact, rescued from the extremest peril, and in this case, and in many similar ones, too, I believe, from otherwise most certain death. Of course, in such cases the emetic is not given for its effect on the stomach, but for its collateral effect in mechanically clearing out the enormous amount of secretion which accumulates in the bronchial tubes, and is to be repeated if the accumulation again becomes threatening.—*Chicago Med. Jour. and Exam.*, Oct.

OZÆNA.

In several cases of chronic inflammation of the nasal and pharyngeal cavities, giving rise to offensive discharge, Dr. Poore has found decided benefit result from the use of a stimulant and antiseptic snuff, having the following formula:

R. Biborate of soda, nitrate of bismuth, \mathfrak{ss} 3 j; disulphate of quinine, x grs.; iodoform, v grs.

This snuff has the effect of stopping the fetor and greatly diminishing the amount of discharge from the nostrils. It is liable, as are all snuffs when used for similar conditions, to cake in the nostrils, and it is therefore necessary to thoroughly wash out the nostrils once a day. This may be done by means of a nasal douche, or the patient may easily be taught to snuff a lotion up the nose and allow it to run out of the mouth. A teaspoonful of glycerole of borax dissolved in a wineglass of tepid water forms an excellent wash for the nose, and with a little instruction patients learn how to wash out their nasal and pharyngeal cavities without aid either of syringe or douche apparatus. In cases where the ozæna is of a simple kind, not due to caries or necrosis of bone, but rather to a sluggish, inflammatory action occurring in a scrofulous subject, considerable benefit is often derived from the administration of the sulphide of calcium in doses of half a grain (in pill), taken three times a day. It is often necessary to cleanse the nasal and pharyngeal cavities with a brush inserted through the anterior nares, and also behind the soft palate, so as to reach the summit of the pharynx. The brush may be moistened with glycerole of tannin, and after the cavities have been cleansed a little iodoform may be passed into the cavities on the tip of the brush.—*London Lancet*.—*Can. Med. Record*, Sept.

PHAGÆDENIC CROUP.—AMMONIATED CHLOROFORM.

Dr. B. W. RICHARDSON successfully used as far back as 1853 a combination of the vapors of chloroform and of ammonia in the so-called phagædenic croup where there was a refusal to swallow medicinal doses of ammonia; he produced a gentle narcotism with the combined vapors, and was then able to increase the quantity of ammonia considerably. He kept up the inhalation for fourteen hours, administering food by enemata. In studying a theory that zymotic diseases ought to be controlled by inhalation, he found that each of these vapors in its separate state was a remarkable antiseptic, and that the two acted admirably in combination. Now he uses this combination in zymotic fevers, and it seems to promise valuable results. He takes an alcoholic solution of ammonia (838 alcohol saturated with ammonia) and mixes it in equal parts with chloroform or methylene bichloride; any separation of water is removed. Two fluid drachms are put into a small Wolff's bottle, which is connected with a leather inhaler armed with an expiratory valve. In a puerperal case free inhalations were used every two hours for three days without the slightest discomfort and with obvious direct advantage. The effects of the inhalation seem to extend in four directions: First, under the sedative action of the narcotic relief from pain is obtained, and repose, if not actual sleep, is secured. Second, under the combined influence of the vapors there is reduction of temperature. Third, under the influence of the ammonia there is a sustained fluidity of the blood and a production of freedom of secretion. Fourth, under the action of the combined vapors there is an antiseptic result which is always favorable.—*Lancet*.—*Jour. Amer. Med. Ass'n*.

PHTHISIS.—SPRAY OF IODOFORM AND TURPENTINE.

The general practitioner will be glad to make the acquaintance of any device to afford relief to consumptive cases. We have seen some very intelligent patients who persistently maintained that they obtained marked relief

from the inhalation of the peroxide of hydrogen. De Renzi and Rummo (*Gazz. Medica Ital.*) claim good results in phthisis and other diseases of the respiratory organs from inhalations of iodoform dissolved in turpentine. The patients were made to inhale twice a day, for two hours, in a small room, the spray of iodoform and turpentine. The effects were more satisfactory than with any other mode of treatment. There was always prompt and considerable diminution of cough and expectoration; in bronchiectasis the fetid expectoration was completely deodorized. Physical signs diminish, the temperature falls, pulse and respiration are less frequent. The secretion of urea is lessened in proportion to the fall of temperature. Iodoform given by inhalation is much more prompt in action than when taken by the stomach; it is an anæsthetic to the pulmonary vagus, and has an alterative and drying local action, which is aided by the turpentine. Its antiseptic action must also be taken into account.—*Med. Rev.*, Sept. 8.

TREATMENT OF DOUBLE PNEUMONIA BY INHALATION OF OXYGEN.

Dr. H. I. BOWDITCH mentioned (Boston Society for Medical Observation) a case of an old lady with double pneumonia, where both lungs were considerably hepatized, causing great suffering and difficulty of breathing. The trial was made of inhalations of oxygen, with the result of reducing the number of respirations, making them easier, and of changing the livid appearance of the face to a more natural color. The inhalations were continued at intervals for five days, during which time nine of the ordinary iron cylinders of the gas were used. At first it seemed as if the disease might go on to its natural resolution and recovery, but on the fifth day a collapse occurred from which the patient could not rally.

Dr. Edes said that some years ago he had treated a child with capillary bronchitis with inhalations of oxygen; the pulse fell and respirations decreased, but the progress of the disease was not affected, and it resulted fatally. He also referred to some cases published by Dr. Smith of New York, who had used oxygen to some extent in lung cases.—*Boston M. and S. Jour.*

ACUTE ŒDEMA OF THE GLOTTIS.

Dr. RABÈRE related the following case, seen by himself and Dr. Laylavoix, to the Société de Médecine et de Chirurgie (*Journal de Médecine de Bordeaux*). A man, sixty-two years of age, of vigorous health, without history of previous laryngeal trouble or syphilis, was taken with slight chills one evening after working in his garden. The next day he was a little hoarse and felt a slight soreness in swallowing, but was otherwise well. The hoarseness and difficulty in deglutition had increased the following day, and in addition there was a little dyspnœa. That evening he was suddenly awakened in a most threatening attack of suffocation. Examination showed a swelling and induration of the aryteno-epiglottidean folds, but no other trouble in the throat could be made out. Active treatment by counter-irritants, leeches, and emetics produced but slight amelioration, and upon a second attack of urgent dyspnœa it was decided to perform tracheotomy. The operation was postponed when the urgent symptoms subsided, but a third attack of complete suffocation, during the momentary absence of the attendants, resulted fatally. No cause for the œdema could be discovered, except cold, as the man had always enjoyed excellent health. There was no reason to suspect renal trouble, but unfortunately no examination of the urine was made.—*Medical Record*:

TRACHEOTOMY FOR THE EXTRACTION OF A TOOTH FROM THE LEFT BRONCHUS.

Dr. ROBERT F. WEIR reports (*New York Medical Journal*, October 13, 1883), the case of a young woman who having a tooth extracted under ether, when

it slipped from the forceps and was drawn into the left bronchus. Its location could be determined. After etherization, she was turned head downward, but this failed to dislodge the tooth. Tracheotomy was then performed, and a pair of dressing forceps, bent at four inches from its end to an obtuse angle, was introduced, but the tooth could not be grasped. A long untwisted loop of slender silver wire was passed down until by good luck it came in contact with the tooth, the forceps passed over it, caused it to take hold, and the tooth was removed. Rapid recovery ensued.—*Med. and Surg. Rep.*, Oct. 27.

CHLOROFORM TO PRODUCE ANÆSTHESIA OF THE LARYNX.

An agent to produce anæsthesia of the vocal cords, for a short time, is certainly a great desideratum and a help to the laryngologist. Sometimes it requires months of training to prepare a patient for an operation on the vocal cord; now it is claimed that only a few hours are necessary to bring about the desired result.

The larynx is brushed twelve times with chloroform, to produce a hyperæmia. One hour later, it is again brushed twelve times with a solution of morphia murias in water (0.50 to 5.00). Care must be exercised that the patient does not swallow any of this solution. In the course of a few hours complete anæsthesia of the larynx generally sets in. At Schrötter's clinic it has been conclusively proven that this method is perfectly safe if carefully carried out. It is hardly necessary to state that this procedure is seldom or never necessary unless an endolaryngeal operation is to be undertaken, and then it is only necessary in very sensitive patients.—*Zeitschrift f. Therapie.—Therap. Gaz.*, Oct.

LARYNGEAL REST.

As to laryngeal rest, you know the larynx is a frame-work of cartilages covered by perichondrium, united by ligaments, moved by muscles, supplied with blood-vessels, lymphatics and nerves, and lined by a peculiar elastic membrane and a mucous membrane continuous with that of the throat above and the wind-pipe below. Although, in by far the great majority of all cases of laryngeal disease, it is the mucous membrane that is affected, either primarily or secondarily, yet each of these constituent structures may be involved, and in each instance rest may become an important—if not the most important part of successful treatment. Under the influence of rest, inflammatory conditions subside and œdema diminishes; nervous and nervo-muscular affections, phthisical, syphilitic and malignant ulcerative diseases, and even morbid growths, may be wonderfully aided if rest enters as a factor in their treatment.—*Dr. Louis Elsberg.—Canada Medical Journal.*

HÆMOPTYSIS.—SCLEROTINE ACID.

Quoting from the *Revue de Therap. Med. Chir.*, the *Medical Times* says: Dr. Planellas of Barcelona, in cases of tubercular disease of the lungs when hemorrhage occurs, uses ten centigrammes of sclerotinic acid given in a pill, repeated every half-hour or less frequently. In urgent cases it may be administered hypodermically. It commences to act in doses of two centigrammes. Sclerotinic acid, obtained from the ergot of rye, is feebly acid, is soluble in water, and without much taste. It diminishes the excitability of the medullary centres and lowers the blood-pressure.—*Med. Review.*

TRACHEOTOMY.

Dr. H. J. BOLDT presented a little boy to the New York Society of German Physicians, on whom he had performed tracheotomy in the early part of last January for membranous croup. He still wore the tube, because he could not breathe without it. Whether this was due to the presence of exuberant

granulations near the wound, or to paralysis of the vocal cords, the doctor could not decide.

Dr. A. Jacobi said that if there was any difficulty in removing the tracheotomy-tube after the lapse of a reasonable space of time, it was commonly caused by exuberant granulations situated in the upper angle of the wound. For this reason he makes it a rule to always cauterize the wound with lunar caustic, beginning from the fifth day. In some rare instances the difficulty was with other changes in the larynx, with paralysis of the vocal cords, or with cicatrical contractions. In some cases he had succeeded in removing the cannula during sleep where it had not been practicable to do so while the child was awake, which proved that the trouble was only on account of the little patient's fears.

Dr. B. Scharlau remarked that the granulations were sometimes situated so high that they could not be seen at all. He remembered a case, of which he and Dr. H. F. Guleke had had charge some years ago, where the excrescences could only be reached by a probe, the end of which had been dipped in molten nitrate of silver. Where the presence of these growths was doubtful, it should be observed whether the dyspnœa arising from the removal of the tube increased or not after some time. If the first was the case, the presence of granulations could be assumed as certain. The increase of the difficulty of breathing was due to their increasing in size by venous congestion.

Dr. A. G. Gerster mentioned a case of tracheotomy for diphtheria which he had seen together with Dr. George Degner. The tube had been removed a short time after the operation, and the wound had promptly healed. A few months afterward dyspnœa again set in, this time caused by granulations, and necessitating secondary tracheotomy. The case ultimately proved fatal. He said that polypoid growths occurred, not only at the upper angle of the wound, but sometimes also below it. He recalled a case where growths thus situated impaired respiration while the tube was still *in situ*, and had to be removed by cauterization.

Dr. A. Jacobi said that in the great majority of cases the polypi grew from the upper angle of the wound. This circumstance proved that it was not the pressure of the tube that caused them to sprout, but the diphtheritic process itself.

Dr. Gerster called attention to the scars which occasionally were found to occupy the posterior wall of the trachea after the operation in question. This wall was apt to jut forward in the form of a fold. The fold, being subject to pressure by the tube became the seat of superficial necrosis, followed by the formation of a scar.—*N. Y. Med. Jour.*, Oct. 13.

PHTHISIS.—PROF. BRUEN'S TREATMENT.

A little girl, ten years of age, was afflicted with tuberculosis of the lungs. She was pale, emaciated, and harrassed by a cough. The physical signs were those of the second stage of the disease. Dr. Bruen prescribed:

R. Olei morrhue, fl. $\frac{3}{4}$ i; syr. calcii lactophosphatis, fl. 3 ij; syr. ferri iodidi, fl. 3 j; liquor calcis, fl. $\frac{3}{4}$ ij. M. Sig. A teaspoonful three times a day after meals.

As an embrocation, equal parts of cod-liver oil and soap liniment were ordered. The patient was to wear warm flannels and take outdoor exercise for the cough:

R. Acid. sulphuric dil., ℥ xvj; tr. opii deodorat, ℥ viij; syr. pruni virgin, fl. $\frac{3}{4}$ j; aquæ, q. s. ad., fl. $\frac{3}{4}$ ij. M. Sig. A teaspoonful or two every two or three hours.—*N. Y. Med. Jour.*

GLYCERINE IN PHTHISIS.

Recently Drs. JACCOUD and FERBAND have been trying glycerine as a substitute for cod-liver oil in phthisis, and with so much success that the former orders it in every case where the oil is not borne, and under its use the patients increase in weight, the cough diminishes, and the dyspnœa is in many instances considerably ameliorated.—*Med. Record.*

WHOOPING-COUGH.—CROTON-CHLORAL.

Croton-chloral in whooping-cough is spoken of by Dr. WEBB in the *American Practitioner*. He relates an experience of two hundred cases. It was found to be well borne by children, with rare exceptions. To get its full value it must be given in large enough doses to produce quite a marked effect. A child a year old will bear a grain every four hours, and it should be kept up for the first week, after which the cough is usually so much relieved that the dose may be lessened. It seldom fails to bring the cough under entire control within a fortnight. Children from ten to twelve years old require two grains, while an adult will not often bear more than four grains. An eligible mixture is a drachm dissolved in two ounces each of comp. tr. cardamon and glycerine. Sometimes good results have attended its combination with tr. belladonna. No appreciable benefit was derived from a combination with the bromides.—*Med. Annals, Sept.*

BROMIC ETHER IN WHOOPING-COUGH.

Dr. SQUIRE recommends a solution of bromic ether in water (1 to 200) for administration in whooping-cough, as well as for angina pectoris and spasmodic pain.—*Med. Record.*

SALT WATER EXCURSIONS IN THE TREATMENT OF ASTHMA.

Professor MÜNTER, upon the strength of his personal experience, recommends a daily excursion of three or four hours' duration upon the water as affording a remedy of the greatest value in certain cases of asthma. He regards it as very useful also in anæmia, and remarks upon the longevity and excellent health of seafaring people as confirmatory of his experience.—*St. Petersburger Med. Woch.—Med. Record.*

ASTHMA WITH BRONCHIAL CATARRH.

Dr. HUTCHARD (Hôpital Tenon) employs the following anti-asthmatic mixture, especially when the symptoms of bronchial catarrh are added to the attacks of asthma: Distilled water 10 ounces; iodide of potassium, 2½ drachms; tincture of lobelia, 2½ drachms; tinct. polygala 2½ drachms; aqueous extract of opium 1½ grains. A tablespoonful to be taken night and morning.—*Medical Review.*

NASAL CATARRH.

R. Iodoform, pulv., 3 j; extract geranii, gr. x; acid carbolic, gtt. xv; Vaseline, 3 j. Saturate absorbent cotton with it and apply up the nostril at night.—*Atlanta Medical Register.*

DISEASES OF THE ORGANS OF CIRCULATION.

NATURE OF PURPURA.

Dr. STEPHEN MACKENZIE thus concludes his paper in the *British Medical Journal*, September 1st:

The cases of purpura we see may be arranged into something like order, and we would suggest the following: (1) Vascular purpura; (2) toxic purpura; (3) mechanical purpura; (4) neurotic purpura.

Under the head of vascular purpura, I would place all cases in which there is some known or supposed primary blood disorder, so that this group would

include the specific blood diseases; diseases in which the blood disorder seems primary or most important, as profound anemia, leucocythemia; conditions in which some constituent or constituents of blood are wanting, as scurvy; and conditions in which some constituent is present in excess, or superadded, as bile, urinary constituents, etc.

In the category of toxic purpura (drug-purpura), I would place all cases in which the purpura arises from adventitious matters entering the system, such as phosphorus, mercury, mineral acids, salicylic acid, quinine, iodides, venom. We do not know the exact mechanism by which the purpura is brought about in this group; but it is clearly advantageous, clinically, to keep them apart, though logically they may be said to belong to the hemic group.

Under the third variety, purpura from mechanical causes, we should place those cases of purpura arising in connection with heart disease, a feeble circulation, from varicose veins or paroxysms of coughing, as in whooping-cough, from thrombosis of venous trunks, and, probably, senile purpura.

Into the last category, purpura of nervous origin would fall, the cases in which the nervous system is primarily at fault, and thus it would include cases of tabetic purpura, purpura in connection with neuralgia, and with disease of the nervous centers. purpura urticans, and neurotic eruptions (as herpes) becoming hemorrhagic.

This arrangement is, I am aware, by no means faultless, for it might be difficult to say in which category we should place certain cases; but some arrangement is useful in investigation, in the same way as we speak of dropsy being renal, cardiac, local, or due to hypalbuminosis. With increased knowledge, no doubt, a better classification could be devised—*Louv. Med. News*, Oct. 6.

IRON AND ARSENIC IN ANEMIA AND CHLOROSIS.

A paper in the *Practitioner*, by Dr. WILCOCKS, presents an interesting clinical and pathological study of the blood in these diseases, illustrated by a large number of cases. He is led to the following among other conclusions:

In severe anemia either the power of corpuscle formation is almost entirely abolished or young corpuscles, if formed, have little or no power to absorb hemoglobin, and consequently do not reach their full development. The comparatively large size which the hemetoblasts attain without the absorption of any appreciable quantity of coloring matter would go far to show that the embryonic corpuscles are more or less abortive. Iron in these cases is useless beyond a certain point, the existing corpuscles being already overcharged with hemoglobin. These facts forcibly bear out the hypothesis enunciated at an earlier page as to the probable hematinic action of iron, namely, that it possesses no power of directly stimulating the formation of new corpuscles by any influence on the cytogenic organs, but that it improves the hemoglobin richness of already existing corpuscles, which are added to the blood by the normal processes, and consequently by improving their physiological value and vitality it indirectly increases their number. Therefore, in cases like those under consideration, where the natural power of sanguification is greatly reduced or almost abolished, iron has little or no beneficial effect, since either very few new forms are produced, or even if they are added to the blood they have little or no capacity to absorb hemoglobin and to develop into adult corpuscles.

Chlorosis is in striking contrast to the most severe forms of anemia both as regards its blood lesion and its response to iron treatment. In chlorosis the supply of young, feebly-colored corpuscles is abundant, and the number of red disks per cubic millimeter may fall in many cases but slightly below normal. The average hemoglobin richness per corpuscle is greatly reduced, and the curative effect of iron is very rapid. A low average hemoglobin value per corpuscle is not, however, peculiar to chlorosis, but is present in the large majority of anemic cases from all causes. It indicates that feebly

colored or young elements are being continually added to the blood, or, in other words, that the normal process of globule regeneration is active, the numerical rise preceding the rise in the physiological value of the elements. It is in these cases that iron is indicated. Arsenic was given in two cases of chlorosis, but it had no influence either in preventing relapse on the cessation of iron or in improving the number or value of the red corpuscles (case i and case iv). On the other hand, in the most intense forms of anemia, with great diminution in the number of the corpuscles, and a high relative hemoglobin value, iron is practically useless, or even harmful, while arsenic may produce a considerable rise in the number of the corpuscles, as well as great improvement in the general symptoms—*Louv. Med. News, Oct. 6.*

CEREBRAL HÆMORRHAGE IN PURPURA HÆMORRHAGICA.

Dr. DUPLAIX terminates a paper, published in the *Archives Générales*, with the following conclusions:

1. There exist in the course of purpura hæmorrhagica certain cerebral disturbances which are of frequent occurrence, and which depend upon cerebral lesions. 2. These cerebral disturbances are very variable in their intensity. Sometimes they are scarcely marked and pass unperceived, while at others they are sufficiently violent to prove fatal.

3. They are due to certain modifications in the condition of the nervous centres, most frequently to cerebral anæmia, but there are cases in which hæmorrhages give rise to them.

4. These hæmorrhages are most often of but slight extent. They effect sometimes the meninges and sometimes the cerebral substance, and oftentimes both the meninges and the brain.

5. True hæmorrhagic centres may exist without any fixed seat, the consequences of which are the same as those of ordinary cerebral hæmorrhage.

6. The hæmorrhages, whatever may be their extent, are very rare, and this rarity is explained by the complete cerebral anæmia which exists in most of these patients.

7. Their pathogeny does not differ from that of hæmorrhages of other organs, but we must take into account the conditions of the circulation and of the vascular changes which have been described, especially in the cases in which intense lesions have been slow of production in debilitated subjects.

8. The clinical manifestations have been very variable, and in relation to the extent and intensity of the lesions; nevertheless, there are cases in which, in spite of the existence of lesions, no symptom has been observed during life, and others in which anæmia has been the sole lesion observed in patients who have presented marked symptoms. The localized lesions are the only ones which have well-defined symptoms.

9. The diagnosis is difficult in most cases, and hæmorrhage should be suspected always, notwithstanding the more frequent occurrence of anæmia. The prognosis is directly proportionate to the intensity of the nervous lesions.—*Med. Times and Gaz.—Cin. Lan. and Clinic, Oct. 27.*

SUBCUTANEOUS NODULES AND CARDIAC VEGETATIONS.

Whether the existence of subcutaneous nodules have any bearing on the prognosis of disease of the mitral valve is a question recently discussed by Dr. Drewitt before the West London Medico-Chirurgical Society (*Med. Press, May 9, 1883*); Drs. Barlow and Sainer first called attention to these bodies in children before the International Medical Congress. Dr. Drewitt exhibited a boy aged nine years, who had had rheumatic fever and who had in the knees, elbows, knuckles, and occiput about thirty-six small, slightly movable, painless bodies lying in the fibrous tissues immediately beneath the skin. He thought from the fact that in a case which he had recently shown at another society, where a loud, harsh, mitral murmur almost disappeared

when a crop of nodules subsided, that these apparently unimportant bodies have an important bearing on the prognosis of disease of the mitral valve.

Dr. Dyce Duckworth (*Med. Press*, May 2, 1883), relates another case which yielded gradually to iodide of potassium.—*Med. and Surg. Reporter*.

MISLEADING CARDIAC MURMURS.

Dr. HAMILTON OSGOOD, in a paper read before the Boston Society for Medical Improvement, calls attention to a variety of adventitious sound produced in the cardiac area, which occurred in a subject free from anæmia and from all other evidences of heart disease. The supposed murmur was distinct, systolic in time, its quality soft, yet suggesting friction, and located in the pulmonary area with but little propagation. The sound completely disappeared during expiration, and abruptly reappeared upon inspiration. His diagnosis was that the bruit was not endocardial, but was due to a spot of pericardial non-inflammatory roughening, probably congenital, and it was therefore pronounced a case of systolic and accidental friction-sound.

In the examination of this case, especial advantage was thought to be derived from auscultation of the heart during collapse of the lungs, as in forced expiration. In this way the heart is comparatively uncovered and its sounds better defined. This method, therefore, is recommended for the detection of the character of the poorly-defined cardiac or blood-murmurs.—*Boston Medical and Surgical Journal*.

ANGINA PECTORIS.—COLD COMPRESSES.

GUNSBERG has treated angina pectoris (*Revue Médicale*), when due to a neurosis of the cardiac nerves, by cold compresses placed over the chest. They produce at once a diminution in intensity of pain and force of the heart beats. They succeed best in young subjects. In older persons heat may be substituted for cold. In conjunction he would give opium and belladonna every four hours. He has never employed hypodermics of morphine over the precordial region, but thinks they might be of advantage. He recommends gymnastic exercise as of especial benefit.—*Med Review*.

ACUTE GOITRE.

Surgeon Major GORE, *Edinburgh Medical Journal*, records thirty cases of cure of this disease among the soldiers of a native Indian regiment, by biniodide of mercury, rubbed in for ten minutes or more, as the patient sat with the enlarged gland exposed to the sun or a strong fire. In some of the cases the swelling had been observed for about ten days before treatment. Only one case was any length of time in hospital, viz.: 79 days; an anæmic man, aged 22. The average duration of the treatment was 22.6 days.—*Jour. Amer. Med. Ass'n*.

OCCLUSION OF VESSELS BY OIL.

Dr. HANDFIELD JONES believes (*Brit. Med. Jour.*, April 21, 1883), that in atheromatous conditions of the small vessels of the brain, and presumably also of other organs, the degeneration of the patches of atheroma lead to the formation of oily masses within the lumen of the vessel, and so to obstruction.—*Med. and Surg. Rep.*

ALTERATIONS OF THE VENA CAVA, COMPLICATING CIRRHOSIS OF THE LIVER.

The *London Medical Record* says:—In hepatic cirrhosis, ascites appears before œdema or anasarca; in diseases of the heart, the reverse holds good. Such is the rule. In cirrhosis, however, there are many exceptions. Œdema

may show itself before the mechanical conditions depending on abdominal pressure arise, affecting the lower extremities and lower half of the body. It may appear in the early stages of the disease, when this has a subacute course and marked abdominal symptoms (hepatic and intestinal pain, dyspepsia, vomiting, albuminuria, etc.). Œdema may also occur in cirrhosis of slow course, either before the symptoms of the hepatic affection are clearly marked, or when this has reached an advanced stage. The abdominal pressure may be very great without a trace of anasarca, or, on the other hand, with little or no pressure the œdema may be abundant and copious. The abdominal pressure then cannot be the principal cause of the anasarca. The inferior vena cava in its passage between the lobes of the liver is necessarily somewhat constricted during the stage of contraction of the organ; but this does not account for the occurrence of œdema in the early stage of the disease. Moreover, *post-mortem* examinations do not verify this constriction even in advanced cases. Neither does the state of anæmia of the patient explain the œdema, for with marked hydræmia there may be no sign of general dropsy. The principal cause of the œdema is a special lesion of the inferior cava, which in these cases is always to be found in "a state of great hyperæmia, with signs of exo- and endo-phlebitis, with increase of the thickness of its walls, with dilatation of its calibre." Where œdema does not occur either early or late, the vena cava is found in a perfectly normal state, affording a marked contrast to its state, as described above.—*Med. and Surg. Rep.*, Oct. 6.

TRANSFUSION OF SALINE SOLUTIONS IN ACTUE ANÆMIA.

M. SCHWARZ, in a memoir published in the *Berl. Klin. Woch.*, No. 40, 1882, arrives at the following conclusions after a very careful study of the subject:

Death, when ensuing on hemorrhage, is due principally to cessation of the circulation, and this sudden stoppage is due to the simple disproportion and not to an exaggerated diminution of the quantity of blood corpuscles.

The first indication then will naturally be to remedy this disproportion.

If ordinary means fail, recourse may be had to a very innocent method, yet one that has proven extremely sure and active; this is direct injection of feeble alkaline solutions (6 per cent.) of chloride of sodium into the circulatory system. The action of this transfusion on cardiac activity, blood pressure, respiration, and all the other vital functions, has shown itself with surprising rapidity in rabbits and dogs who had lost from one-half to two-thirds of the entire quantity of blood contained in the body. The minimum quantity of liquid to be injected in the adult should be about five hundred cubic centimeters. This species of transfusion is also indicated in the serious collapse coming on during operations on the abdomen. Since the above conclusion appeared in the inaugural thesis of the author, five cases of transfusion of chloride of sodium solutions have been reported by Bischoff, Küster, Kocher and Kümmel.

Mr. Schwarz himself reports the following case: After an operation for the removal of uterine cancer, violent hemorrhage occurred. The woman lost consciousness, the face was cold, skin dry; pupils insensible, heart-beats feeble. One thousand cubic centimeters of solution of table salt was injected into the median vein. The result was prompt and favorable—*Med. and Surg. Rep.*

DEXIO-CARDIA.

Dr. CHEW exhibited a man, æt. 40, to the Medical and Chirurgical Faculty of Maryland who had first come under observation two-and-a-half to three months ago at the University Hospital. He presents the following symptoms: The heart-beat is felt by the hand on the right side of the chest as far as the right mammary line if not farther; it is not felt on the left side. Exaggerated respiratory murmur is heard over the left lung. The right half

of the chest presents a contraction, measuring 17 inches, the left measuring 18 inches. The right lung shows evidences of fibroid disease with vomicae. At first the displacement was supposed to be due to left pleural effusion, but examination excluded this. Further, the patient had been previously under the care of Prof. McSherry for right pleural effusion, and the heart was then in its normal situation. The respiratory murmur heard on the right side of the chest indicates that the effusion there has been absorbed. Such displacements may be congenital, in which case the liver is also displaced to the left, which is not the case here. The term "dexo-cardia" was introduced by Stokes, who described a case about 1842, which this one typically illustrates. Recovery of normal position in such a case is entirely beyond the range of possibility.—*Md. Med. Journal*.

TONIC EFFECT OF THERMAL SPRING BATHS ON DISEASES OF THE HEART.

There is in Germany a summer resort by the name of Bad-Nauheim, to which for now almost a century thousands of patients, suffering from organic diseases of the heart, have been sent by their physicians. For many, many years this was done, simply because the experience of many had proven that all such cases vastly improved. Of late, especially by the laborious researches of Benedict, of Vienna, the causes inducing such beneficial changes in diseases, which, especially in their last stages, are usually very little amenable to treatment, have been scientifically investigated. It has been demonstrated that it is the carbonic acid in these waters and the temperature of the latter (70–80°) which exerts such a wholesome influence. With the spirometer, as well as with Waerenburg's pneumatic apparatus, it has been found that the capacity of the lungs to inhale and exhale air greatly increases by the use of these baths, and that they also have a similar tonic effect upon the main organ of circulation, as we know of digitalis that it possesses.

Venous stasis in any form, if induced by organic affection of the heart, and, therefor, also dropsies, usually disappear without any other treatment within two weeks after beginning of the cure. That this is not brought about by increased diaphoretic or diuretic functions, but in reality by giving the heart greater tone, has been proven by experiments and observations carefully made, beyond a doubt.

Dr. Theod. Schoff (*Berl. Klin. Wochenschr.*), and many other writers have of late published in the best German medical papers reports of cases of the nature mentioned, and in whom a surprising improvement took place, and in many this amelioration continued for nearly a year afterward.

There are many springs in the United States, the waters of which are rich in carbonic acid, and we thought to draw the attention of the profession in our country to the opportunity here offered. Our therapeutics of heart diseases cannot be said to be great in quantity nor very varying in quality, and any contribution to the same will always be welcome, but the more so when appearing under such form as by nature's own ready means, i. e., by natural springs. That the effect is as described cannot be doubted from the well-known authorities reporting them.—*Med. and Surg. Rep.*

ANGINA PECTORIS.

Angina pectoris being an affection which is so calculated to tax the equilibrium of a physician when called to a severe case, it is well to have constantly in mind the more important points concerning it. A very interesting lecture on the subject, by Professor Germain Sée, is published in the *N. Y. Med. Jour.*

He considers that angina from tobacco is rare, and when it does occur, abstinence from the weed suffices to cure it; but, on the contrary, alcoholic angina does not yield to suppression of the cause since it is evidence that

endarteritis of the coronary vessels as well as degenerations or scleroses of the myocardium exists.

He states that the etiological treatment is unsatisfactory, and generally unsuccessful, and that the best we can do is to treat the paroxysms, and endeavor to prevent their return.

To meet the first indication, his sheet-anchors are morphia, hypodermically, and nitrite of amyl. He has used nitro-glycerine (one or two drops of a one per cent. solution) with success.

In the intervals of the attacks, he relies upon bromide of potassium if the patient is excitable, and digitalis when the angina results from cardiac atony or degeneration.—*Med. and Surg. Rep.*

DIMINUTION OF THE RED GLOBULES OF THE BLOOD DURING THE ADMINISTRATION OF IODOFORM.

From experiments made on rabbits and from observations on syphilitics, Hoffer concludes that: 1. Rabbits lose weight, and show diminution in the number of the red blood-corpuscles during the internal administration of iodoform. The variations observed correspond to the alternations or suppression or administration of the drug. 2. Hypodermatic injections of iodoform in syphilitics, is often followed by anæmia. The specific manifestations were at the same time subdued by the use of the drug.—*Gaz. Hebdom. —Med. News.*

EFFECTS OF ELECTRICITY ON THE HEART.

Professor VON ZIEMSEN has instituted some experiments to determine the comparative effects of the galvanic and faradic current on the heart, and has found, contrary to general belief, that the latter is inoperative in stimulating the nerves of the heart, while the former is of the greatest activity.—*Med. Bulletin.*

DISEASES OF THE ORGANS OF DIGESTION.

ADENOID GROWTHS IN THE PHARYNX.

The following are the conclusions arrived at by Dr. Pesson in a thesis presented to the Faculté de Médecine of Paris (*Journal de Médecine de Paris*). 1. In the upper part of the pharynx, at the junction of the vault and the posterior wall, and between the orifices of the Eustachian tubes, there is an agglomeration of closed follicles which constitute (adopting the expression of Kölliker and Luschka) a true tonsil. 2. This gland is liable to hypertrophy like the tonsils, and then presents the appearance of a cluster of vegetations. These vegetations, already described by a number of writers, are seen usually during the first twenty years of life. Like the lymphatic tissue in general, their natural tendency is to atrophy. 3. These adenoid growths give rise to various troubles of respiration, phonation, and hearing. Children who suffer from their presence, breathe through the mouth and acquire thereby a stupid expression; they complain of frequent headaches, snore during sleep, and are sometimes awakened in the night by asthmatic attacks. The tone of the voice is muffled and faint, and the articulation of nasal words (in French) is difficult. Hearing is often impaired through middle ear disease. These troubles, which often discourage the physician by their obstinacy, disappear spontaneously upon the removal of the third tonsil. At the same time the deformity of the thorax, described by Lambon

and Robert, and attributed by them to hypertrophy of the tonsils, is observed. A careful study of the facts leads to the belief that this symptom is really due to the adenoid vegetations in the pharynx. 4. These growths often determine a chronic catarrh in this region, which is too often referred to a diathesis, but which, like all the other symptoms, can only be cured by treatment directed to the vegetations. 5. Observation leads also to the opinion that deaf-mutism depends in certain cases upon the presence of these adenoid vegetations. Consequently, an opportune diagnosis may lead to the prevention or even cure of deaf-mutism from such cause. 6. Hypertrophy of the third tonsil may be diagnosed by posterior rhinoscopy or by digital examination. 7. The treatment of these vegetations and of the symptoms dependent upon them consists essentially in the extirpation of the enlarged gland.—*Med. Record, Sept. 8.*

HÆMATEMESIS FROM WASHING OUT THE STOMACH.

In 1881 BOUCLÉ pointed out the advantages of washing out the stomach in cases of simple ulcer, reporting at the time a patient, very cachectic, with constant rejection of food, both liquid and solid, who had had several hæmatemeses, and who rapidly gained flesh and strength and digestive ability after the commencement of the washings. Bucquoy had already reported, in 1880, a case of simple ulcer, in which washing out the stomach arrested the vomiting. Küssmaul had also reported similar good results, and, as is well known, Débone has treated a large number of cases in this manner.

In spite of these favorable cases, in which no mention is made of hæmatemesis, Germain Sée, in his work on dyspepsia, looks upon this procedure unfavorably, as he believes that there is a risk of destroying a vascular wall and thereby producing hemorrhage, or of re-opening an imperfectly formed cicatrix, and provoking a new hemorrhage.

Cornillon has recently reported a case which seems to bear out these views of Sée (*Le Progrès Méd.*, No. 17, 1883). An alcoholic person, who for ten years had suffered more or less from epigastric pain and vomiting, consulted Cornillon about two years after vomiting a quantity of clotted blood. Cornillon introduced about a quart and a half of water into his stomach, and found, on siphoning, that it contained a substance similar to black coffee. On repeating the washing, there was less of the black substance, but when water was introduced a third time, it returned distinctly reddened, and containing a number of clots. When the washing was repeated two days later, there was quite marked hæmatemesis. Cornillon attributes the hemorrhage to the quantity of water, and the force with which it was introduced, and he doubts the propriety of this measure in cases of recent ulcer, for fear of dislodging a clot and thus provoking hemorrhage.—*Med. Record, Sept. 8.*

GASTRIC ULCER.—BUTTERMILK.

A correspondent of the *Medical and Surgical Reporter* gives an account of a severe hemorrhage occurring in his own person and produced by gastric ulcer. Feeling sick at the stomach one morning, he vomited a pint of arterial blood which was followed in a few minutes by two quarts more. Different astringents were given, some hypodermically; ice was eaten, and the chest packed in ice, but the hemorrhage continued until, as several of the doctors expressed it, he had vomited two gallons (?) of blood. Unconsciousness followed. A large dose of quinine (sixty grains) was given, which was immediately thrown up with some blood, but after this the hemorrhage stopped. He remained in a semi-conscious condition for three days, and then as he rallied had craving for sour food. In three weeks he could walk about with difficulty, but suffered from loss of appetite, and a constant sinking and sick feeling in the stomach. After several months the desire for

acid food continuing, he drank some sour wine which agreed with his stomach very well, but he found buttermilk agreed with him better, and he still continues its use, without any distaste for it. He now weighs ten pounds more than ever before.—*Med. Review*, Oct. 6.

DYSPETIC PILLS.

Diastase, 15 grains; pure pepsin, 75 grains; extract gentian, 75 grains; tartaric acid, 75 grains; powdered rhubarb, 75 grains. Powdered gentian, sufficient to make a mass. Make into three-grain pills. Take just before meals two to three pills.—*Drug News*, Sept. 15.

REMEDIES FOR HABITUAL CONSTIPATION.

Dr. J. M. GRANVILLE, in the *British Medical Journal*, recommends some remedies for the treatment of habitual constipation. When due to deficient peristaltic action, he prescribes as follows:

℞ Sodæ valerianatis, gr. xxxvj; tincturæ nucis vomicæ, ℥ lx; tincturæ capsici, ℥ xlvij; syrupi aurantii, ℥ iss; aquæ, ad ℥ vi. M. Ft. mistura. Sig.—Tablespoonful in water half an hour before meals.

When due to deficient glandular secretion he gives the following recipe:

℞ Aluminis, 3 ij; tincturæ quassia, ℥ j; infusi quassia, ℥ vij. M. Sig.—Dessertspoonful after meals.

When due to the interruption of the habit of periodic evacuation, he advises the use of the appended formula:

℞ Ammonia carbonatis, 3 j; tincturæ valerianæ, ℥ j; aquæ camphoræ, ℥ v. M. Sig.—Take one ounce as directed on rising from bed.

The doctor insists on regular habits, and thinks aperients are useless in habitual constipation.—*Drug News*, Oct. 13.

FARADIZATION OF THE ABDOMEN IN ASCITES.

In the Russian literature of the past three years, several cases have been recorded, in which ascites was successfully treated by faradization of the abdomen. Skibnewski has recently reported two additional cases; the first, a little girl, æt. 9, very anæmic and with marked ascites. The urine was small, with no albumen, lungs sound, heart-beat normal, with a feeble systolic souffle. For ten days the patient took digitalis and iron without any diuretic effect, and during these ten days the circumference of the abdomen sensibly increased. The digitalis was then discontinued, the iron being kept up, and Skibnewski commenced faradization of the abdominal muscles two or three times a day. Each *séance* lasted fifteen or twenty minutes. The currents were sufficiently strong to produce muscular contraction. During the same *séances* each muscle was made to contract fifteen or twenty times. After twelve days the circumference of the abdomen was reduced from thirty-six and four-fifth inches to thirty; the quantity of urine was considerably increased. After three weeks the circumference of the abdomen was only twenty-four inches, and the quantity of urine normal. A month and a half after leaving the hospital the patient had a return of the ascites. As before, medication had practically no effect, and faradization was resorted to, with the former effect.

The second case was that of a young man, æt. 17. Ascites and augmentation of the spleen commenced after an infectious disease. The urine was small, and contained no albumen. Faradization was performed twice a day for fifteen days, and then thrice a day until, within four weeks, a cure was effected, both of the ascites and splenic enlargement.—*Revue des Sc. Méd.*—*Can. Pract.*, Oct.

CHRONIC INTESTINAL CATARRH.

NOTHNAGEL says (*London Med. Record*), that chronic intestinal catarrh, which has been little mentioned in text books, may be considered to be present when mucus appears in the motions, although its absence does not positively indicate the non existence of catarrh. He divides the cases of the disease into four classes: 1st. Those patients who have a stool every second or third day, often produced artificially; this is the type of primary chronic catarrh of the large intestine, and depends, according to Nothnagel, on diminished anatomical activity of the ganglion cells. 2d. Cases where a stool is passed daily, but each time thin, pulpy, and mixed with mucus. 3d. Cases with irregularity in the state of the bowels, sometimes constipation, sometimes diarrhoea, and sometimes an alternation between the two; the diminished activity of the nerve-cells explains the constipation, and the irritation of the fæces eventually causes the diarrhoea, which may also be excited by a very small error in diet. 4th. Cases with continued diarrhoea. Here, however, chronic ulceration must be distinguished from catarrh. Where diarrhoea is present without ulceration of the large intestine, he has always found an affection of the small intestine as well. When the food does not undergo its normal changes in the small intestine, it acts as an irritant on the mucous membrane of the colon, and causes the diarrhoea. Some patients have a stool after each meal, some after a mid-day meal only, and some after an evening meal only. Nothnagel would explain this by referring it to nervous influence.—*Medical Review*.

CANCER OF STOMACH SIMULATING PERNICIOUS ANÆMIA.

The clinical observation that some cases of pernicious anæmia are in reality due to cancerous disease of the stomach-walls is well illustrated by Dr. Richard Neale by the report of the following case (*Practitioner*). The symptoms complained of by a gentleman, 61 years of age, were anæmia, debility, and dyspnœa on exertion; there was no emaciation, and there was entire freedom from pain. The only gastric symptoms detected were distaste for food, indigestion, flatulence, and, on one occasion, the vomiting of a fluid like currant-jelly. The temperature was 102°; subsequently the morning temperature fell to 97.8°, but it was generally normal or sub-febrile. Death occurred from progressive weakness in about ten months. At the autopsy the posterior surface of the stomach was found to be involved in a soft, cancerous mass, breaking down readily under the finger. The disease encircled the œsophageal opening, but did not extend around the pylorus. The vomiting of currant-jelly substance at the commencement of the disease was the only positive objective symptom of gastric cancer. The singular deficiency of symptoms of local organic disease was supposed to be characteristic of the softer characters of cancer, the pressure of scirrhus upon surrounding structures being more intense and being more likely to cause local disturbance and pain.—*Med. Times*.

TREATMENT OF ULCER OF THE STOMACH.

In a very obstinate case that had resisted all ordinary modes of treatment, the following plan procured relief (Dr. F. P. Atkinson, *Practitioner*): Complete rest in bed; a teaspoonful of Brund's liquid essence of beef, or a teaspoonful of Valentine's beef juice in a little cold water, in small quantities every four hours; a wineglassful of milk and lime-water (mixed in equal proportions), to be taken frequently, and the body rubbed with oil morning and evening. The essence and milk were very gradually increased, and when pain had gradually subsided a little sponge cake, bread, barley water, arrow-root, etc., were allowed. Stimulants of all kinds interdicted. Medical treatment:

R. Ferri Tartratis, gr. viii; tr. calumbæ., tr. conii, glycerinæ, aa ℥ xv. **M.** in one ounce of water. Three times daily.

No aperients allowed. After a time the mixture was replaced by 15 minims of Bravais' dialysed iron, three times a day.—*N. O. Med. and Surg. Jour.*, Sept.

MURIATED TINCTURE IRON IN DYSENTERY.

C. A. MASON, M. D., Blanchard Springs, Ark., writes:—I have been treating endemic bilious dysentery for the two months past, and have been very unsuccessful in my efforts to abort the disease. I have given all the standard remedies a fair test, and have failed in every case. The patients would either die or the disease run its course, and about one out of three would die in some localities, but in others it was not so fatal.

By remaining in these dysenteric localities myself several days I took dysentery, and I thought then was my time to experiment; so I concluded I would commence on tincture iron first. I put ℥ ss in a glass of water and took it, and in two hours I felt relieved; in six hours I took half that quantity, 3 ij; then I repeated 3 ij doses every six hours until two more doses were taken, and it relieved me entirely. Since then I have treated four other cases with charming success. I call this bilious dysentery because nearly all of the cases in the first stage of the disease vomited bile and their skin first became yellow. Most authors claim that when the liver becomes involved it is only a complication, but I think these cases were taken with bilious dysentery. How the muriated tincture iron acts as a curative I cannot tell, but my opinion is that it has a contractal power over the arterioles in the musous tract of the alimentary canal. Some patients cannot bear such large doses as I took, but my rule is to give all they can bear. I invite the profession to give it a fair trial.—*Med. Summary*, Sept.

FLATULENCE.

In flatulence, Dr. BRÜEN prescribes a pill containing five grains of bicarbonate of soda and five drops of oil of eucalyptus two hours after meals. Pepsin or pancreatin with milk food and the mineral acids with meats should be directed to be taken immediately after meals.—*Med. Review*.

POLAPSUS OF THE RECTUM TREATED BY INJECTIONS OF ERGOTINE.

M. JETTE has treated with success sixteen cases by the use of ergotine in solution with cherry laurel, 1 gramme to 5 grammes, injecting 15 to 20 and 25 drops every other day. The needle is introduced about 5 millim. from the renal orifice, parallel with the walls of the intestine, and should penetrate to the depth of 2 to 4 centim. into the thickness of the sphincter fibres. The injection should be introduced gradually on account of the pain it produces. The pain is at first very severe and lancinating, then becomes dull and constant, lasting for several hours. The treatment may take a few days or several weeks to effect a cure. With a feeble dose there is a frequent desire to go to stool and to urinate, with strong doses there is a spasm at the neck of the bladder, dysuria, or a retention of urine for eight or ten hours. In a few patients Vidal has noted vertigo, a tendency to syncope, a painful sense of constriction about the heart, with a hard, firm and somewhat slow pulse. The later injections are more active than the first and seem to indicate a cumulative action, as in digitalis. Vidal uses this means also, as applied to old hæmorrhoidal tumors, which protrude and are accompanied by paralysis of the sphincter. The tumor is forced either from its cutaneous or mucous surface, becomes dusky and tender, but is very favorably modified without forming abscesses.—*Therap. Contemp. Med. et Chir.*—*Jour. Amer. Med. Ass'n.*

IODOFORM IN FISSURE OF THE ANUS.—CAUTION.

ALEXANDER R. BEEKER, M. D., Berkeley, Cal., writes:—Following the advice of Dr. Thomas Hay (as quoted in the *Journal* of August 30th last, page 211), I recently ordered some suppositories, each containing two grains of iodoform, for a lady, who has been greatly plagued by fissure of the anus for three or four years, but who has emphatically objected either to incision or forcible dilatation of the sphincter; one to be inserted morning and evening, after movement of the bowels.

I saw her upon the second day, and she expressed herself as much pleased. The sphincter was so relaxed as to permit more copious evacuation, and there was *none* of the usually resulting pain and burning.

I saw her again on the sixth day, when she was suffering from intense headache; and was told that on the fourth and fifth days she had been annoyed by an almost irresistible desire to sleep, and an excessively bitter taste in the mouth, which still continued, in spite of the very severe pain in the head. Upon inquiry I found that, not fully carrying out my directions, she had only used eight of the suppositories—or only sixteen grains—in the six days. But the toxic effects of iodoform were unmistakable. She is now, three days later, quite recovered, after much sleep and a gentle aperient. But I think it right to record the case, as a caution to other physicians who may employ this remedy. My patient *may* be unusually sensitive to its action; but others may be as much, or more so. And in any case, it should be carefully watched.—*Boston M. and S. Jour.*, Oct. 11.

HEMORRHOIDS.

Dr. BENJ. LEE, of Philadelphia, recommends the following:

R. Pulv. rhei, \mathfrak{z} iv; pulv. aloes, \mathfrak{z} iij; pulv. myrrh., \mathfrak{z} ij; sapon. Hisp., \mathfrak{z} iiss; ol. cajeput., \mathfrak{z} j.

The powders are to be rubbed together and the soap then worked in, afterward the oil. The well-mixed mass is kept in tight bottles. The fresher it is, the better. Three grains of this mass makes an effective pill, which is non-irritating, and may be used a long while without diminishing the susceptibility of the intestines, and often with positive benefit to the hemorrhoidal affection. Cascara sagrada in two-grain doses is also beneficial.—*Med. Times*.

CASCARA SAGRADA IN A CASE OF SEAT WORMS.

Dr. F. A. JORDAN, of Pecatonica, Ill., states that he has cured a case of seat worms (*ascaris vermicularis*) of over twenty years' standing, in which the patient frequently passed hundreds of worms, by the use of half teaspoonful doses of fluid extract of cascara sagrada every night at bed-time. The cure has now lasted six months. Probably the use of the same remedy as an emema would also be efficacious.—*Therap. Gaz.*, Sept.

DISEASES OF THE URINARY ORGANS.

HIPPURATE OF SODIUM VS. URIC ACID.

■ The hippurate of sodium, according to the *Midland Med. Miscellany*, has recently come into request owing to the remarks concerning its properties made by Dr. Garrod in the Lumleian lectures this year. He has pointed out that when an excess of hippurate of sodium remains in contact with an

alkaline one of uric acid for a certain time, the uric acid entirely disappears, and that the presence of excess of uric acid in the system was therefore probably due to the absence of a sufficient quantity of hippuric acid to decompose it; since, in proportion as the diet partakes of a vegetable, and more particularly of a cereal character, the amount of hippuric acid in the urine is increased, and that of uric acid decreased. The quantity of hippurate of sodium necessary, in a dilute solution, to decompose uric acid appears to be in the proportion of twenty-five parts to one. Similar results were obtained by the use of benzoate of sodium, the benzoic acid uniting with glycin, or gelatin sugar in the body, to form hippuric acid. As the chalk stones of gout and gravel or calculi consist of urates of sodium, Dr. Garrod theoretically concluded that hippurate of sodium would be useful in such complaints, and, putting the theory to the test in clinical practice, he found that great advantage was derived by patients from the use of the hippurate and benzoate of sodium in cases of gout; so much so that patients asked to be allowed to continue the use of the remedy. *Therapeutic Uses.*—Hippurate of sodium acts advantageously on the mucous membrane of the bladder and its appendages, and where there is a tendency in the urine to become ammoniacal it is useful in checking it, urine containing hippuric acid being less liable to undergo decomposition than urine in which it is wanting. This healthy action on the mucous membrane probably influences beneficially the secretion of colloid matter, and may thus prove valuable in cases of gravel and calculus, since in these complaints the secretion of colloid matter is intimately connected with the formation of the deposit of urates. The salt is also likely to prove of service in some forms of eczema, which are closely connected with the presence of uric acid in the blood. The dose of the salt is twenty or thirty grains three times a day.—*Med. Rev., Sept. 8.*

ACETONÆMIA.

Dr. STRANGE, of Toronto, (Ontario Medical Association), thought that the presence of acetones in the blood was the cause of the coma in diabetes. He referred to the hopelessness of diabetic coma, and expressed the desire that ere long we would be in a better position regarding treatment.

In the discussion that followed Dr. J. Ferguson held that the coma was not due to acetones in the blood, and further that the acetones did not depend upon the sugar condition of the urine for its existence in the system. Jaksch, of Vienna, has found acetones to exist in the blood in febrile states of the body, in cases of carcinoma and in hydrophobia. Frerichs, of Berlin, from an examination of four hundred cases, concludes that, 1, the nerve-centres are not the real cause of the coma; 2, that the changes in the blood do not sufficiently explain it; 3, that uræmia is not the cause, as coma is found without uræmia; 4, that fat emboli is not the cause, for in some cases of coma no evidence whatever existed to show that emboli had anything to do with the trouble; and 5, that acetonæmia is not the cause of the coma. Frerichs regards the necrotic changes in the kidneys as the real cause of the coma.—*Med. Record.*

CASTS IN THE URINE.

Casts, as a rule, are found in connection with albumin. Generally speaking, if albumin is found in the urine, there will also be casts; and, on the other hand, if there are casts, there will also be albumin. But this rule is not without exceptions, and frequently you may find albumin present and not any casts, and frequently there will be casts and no albumin. And again, just as you may find albumin in some persons who have no kidney disease, so you may sometimes find casts. These are usually small hyaline casts, and not present in a very large amount. But in persons who are accustomed to take very severe muscular exercise there may be a production in the urine not merely of hyaline casts, but also of nucleated and granular casts, showing changes in the kidney epithelium.—*Can. Practitioner.*

URINARY CASTS OUTSIDE OF BRIGHT'S DISEASE.

In *Lyon Médical* we notice a report of some cases in which casts were found in the urine of individuals suffering from acute non-renal diseases, in whom an autopsy, supplemented by microscopical examination, confirmed the entire absence of any lesion of the kidneys. The first was a man of fifty-one years, deaf, who had pneumonia. The urine was bloody, with a considerable quantity of albumen. The autopsy showed, beside lobar pneumonia, chronic endocarditis without valvular insufficiency, atheroma of the aorta, and a slightly cirrhotic liver. The kidneys were absolutely healthy macroscopically and histologically. During life the urine, examined at first without coloration, showed, besides red blood globules in considerable quantity, hyaline casts, very transparent, quite short, some covered with little granular deposits of epithelial detritus. The examination of the sediment, stained with picro-carmin and osmic acid, showed the same casts in great numbers, some absolutely hyaline, others more or less covered with granular matter.

A second patient was a man who also died of double pneumonia. The kidneys, normal in gross appearance, presented no noticeable lesion of the epithelium microscopically. During life his urine, normal in color, had shown a large disk of albumen. Microscopically, without staining, there were found in the urine numerous waxy and granular casts. The sediment, after staining, showed also many casts, some almost perfectly transparent, others formed of granular matter more or less dense, yellowish, and sometimes slightly rose-colored.

Other cases are cited where no autopsy was had on account of the recovery of the patients, but where the author believes, from the subsequent history, that no renal lesion existed. One was of aortic insufficiency and cardiac irregularity, with transitory albuminuria. A few waxy casts were found, but no granular ones. Another man who had acute bronchitis with tricuspid regurgitation and edema had many casts in the urine, mostly transparent and homogeneous, but some with fissured edges, and others granular. In both the cases the albuminuria rapidly disappeared, and the patients were discharged cured.

In view of the interest attaching to such cases, it is to be hoped that further investigations will be made in a sufficient number of instances to cast further light on the question of tube-casts in individuals not having Bright's disease.—*Boston Medical and Surgical Jour.*

BROMIDE OF POTASSIUM IN THE TREATMENT OF DIABETES.

In the month of August of last year M. FELIZET, Hospital Surgeon, presented to the Paris Academy of Medicine, a memoir which caused considerable stir, upon the treatment of diabetes by bromide of potassium. The results as announced were marvelous. Two very marked cases of diabetes were relieved in a few weeks or even in a few days. The Academy appointed M. Dujardin-Beaumetz to experiment thoroughly with the method of M. Felizet. His report has now been presented and is favorable to the method. He accepts fully the numerous successful cases as due to the bromide; 15 cases observed by M. Felizet in his memoir; 14 cases after reading his paper; a number of cases noted by MM. Herard and Dreyfus-Brisac, and finally those of M. Dujardin-Beaumetz himself. The bromide of potassium has not only relieved temporary cases of diabetes which might in time be relieved of themselves, but has equally relieved very decided and inveterate cases.

The reporter found, however, that it was difficult to judge accurately of the value of the bromide as M. Felizet associated with this treatment as much of gymnastic exercise as possible, as well as the use of other agents, as arsenic, iron and chinchona, without paying much attention to the diet. He found that this drug employed habitually to the extent of 4 grammes per day, produced an intellectual depression and a decided prostration of the

general forces, which conditions M. Felizet affirms that he effectually overcomes by his gymnastic exercises.

In the discussion which followed, M. Ricord without reserve gave his approval of the treatment. He had treated successfully by its means 8 or 10 cases during the past year. The objectionable symptoms attributed to the bromine could also be accredited to diabetes, which also diminishes the force and produces cutaneous emissions, and the best way of economizing the forces of the patient is to cause as soon as possible a disappearance of the sugar from the urine. Dr. A. Chevallineau who gives us this account in *La France Médicale*, August 30, adds to the preceding his own experience in two cases of temporary diabetes, where the sugar disappeared in one after five days; treatment suspended; return of the sugar; treatment renewed for fifteen days with entire relief; in the other it entirely disappeared in fifteen days. He also gives a case of diabetes of ten years standing, which had been relieved by other treatment so far as to reduce the amount of sugar from 35 grammes to 3 or 4 grammes per liter; a treatment of five weeks caused its entire disappearance. In a case of cataract the urine was entirely relieved of its sugar in about three months, but the cataract was not influenced by it, except that only one eye was affected. On the other hand he cites a case by Dr. Pasteau of a man 65 years of age, affected with double cataract, and passing 175 grammes of sugar per day, upon whom the bromide, continued for three months, produced not the slightest influence.—*Jour. Amer. Med. Ass'n*, Oct. 13.

SPONTANEOUS DEVELOPMENT OF GAS IN THE BLADDER.

In a recent number of the *Annales des Mal. des Organes Gen. Urin.*, M. Guiard makes a complete study of this symptom, which he terms "Diabetic Pneumaturia," to which we have already briefly referred.

The emission of gas from the urethra at the same time with the urine, is a relatively rare symptom, occurring under two different abnormal conditions: either the gas comes from the intestinal tube through an abnormal communication or fistula existing between the bladder or urethra and the intestine, or on the other hand, it may be developed in the urinary organs, and particularly in the bladder. It is this last form which M. Guiard has considered in his memoir, attempting to elucidate its pathogenesis and semeiologic value.

From the observation of a number of cases, he has arrived at the conclusion that pneumaturia is a symptom of saccharine diabetes. The glucose contained in diabetic urine would, according to his ideas, undergo alcoholic fermentation in the bladder, through the introduction of an organized ferment during catheterism, and, in such case, the sugar would form alcohol and carbonic acid; the alcohol remaining mixed with the urine and the carbonic acid expelled from the urethra during micturition.

To establish the truth of this theory it would be necessary to demonstrate the presence of alcohol in the urine, and the fact that the gases expelled are composed entirely of carbonic acid.

The treatment of this troublesome affection consists of intra-vesical injections of nitrate of silver (1-500), or of boracic acid (1-20).—*Med. and Surg. Reporter*.

IODOFORM IN DIABETES.

Diabetes has been a fruitful field for experiments. A great variety of remedies has been recommended for its relief, but it is as yet quite doubtful that any have been recommended which will meet the indications in all cases. The affection is apparently a very capricious one, yielding in some persons to remedies which were without effect in others. It, therefore, becomes the physician to have his repertory of agents for this particular affection well stocked. The latest addition thereto has been recommended in the form of iodoform, and is contained in a recent communication by Professor Moleschott to the Academy of Medicine, at Rome. He states that in cases of the

disease in which he administered iodoform the quantity of sugar excreted rapidly diminished. Good results were observed to follow small doses in some cases, but usually the amount was increased to forty and fifty centigrammes daily before the characteristically beneficial results were observed. He used as a deodorizer of iodoform, cumarin (the odoriferous principle of the tonka bean.)—*Therap. Gaz., Sept.*

DIET IN DIABETES.

Professor EBSTEIN, of Göttingen, in the *Aerzlich Vereinsblatt*, discussed at some length the subject of diet in diabetes. Cantani's method of treatment is based on the opinion that the excretion of sugar in diabetics mounts constantly in direct proportion to the quantity of food consumed, even if it be wholly composed of flesh. He promulgates the law, the patient should not eat too freely if he is to avoid excreting sugar, but at the same time he should not eat too little, lest he die of inanition. In the choice of food Cantani permits all kinds of flesh, and places no restrictions on the mode of preparation, but every particle of starch and sugar is forbidden, as well as butter, as it contains a trace of sugar of milk. In the way of fat he recommends olive oil and all kinds of animal fats. He permits the largest possible quantities of the latter; to those who are thin, or whose digestive organs do not act normally, he recommends it pancreatized. M. Traube long ago demonstrated that diabetics actually digested the greater part of the fats consumed by them.

If the sugar does not disappear after the employment of a restricted exclusively meat diet—if loss of weight does not forbid—total abstinence from food for periods of from twenty-four to thirty-six hours is to be enjoined, a similar fasting to be undergone eight to fourteen days afterward. The sugar then disappears. In cases in which total abstinence from food is not well borne Cantani gives three portions of meat broth *pro die*, each prepared from 400 grms. of meat.

Ebstein himself considers the most important point in the whole therapeutics of diabetes to be the limiting as much as possible of the quantity of food considered. The patient should, however, suffer from feelings of hunger as little as possible. Both these can be attained by allowing large quantities of fat—the more, the thinner and weaker the patient is. Such treatment is not contra-indicated even in diabetes occurring in obese patients, for, says the writer, "If the diabetic treatment be carried on with intelligence, even in the case of fat patients, the excretion of sugar in the urine and the obesity of the patient will be seen to disappear with simultaneous increase of capacity for labor and bodily strength." Along with fresh meats and fats of good quality, in the proportion of two to one, he gives cabbage leguminous vegetables, coffee, or tea (without milk or sugar), and at the most an average of 100 grms. of bread daily. Potatoes, sweets, and all kinds of starchy food are absolutely excluded. He does not exclude butter, as Cantani does, as he does not, like him, fear the hydro-carbons. He further recommends lard, fat, meat-broths, or the marrow of bones. He has given up the substitutes for bread; the best of them he considers to be Seegen's improved Pavy's almond bread. He lays great stress on bodily movement and muscular activity. He has obtained good results from riding, but quite as good from passive muscular movements, such as massage, in which exertion on the part of the patient is avoided.—*Medical Press.—Cin. Lan. and Clinic, Sept. 22.*

DIABETIC URINE.—ANOTHER TEST.

Diazobenzene sulphonic acid is proposed as a test for diabetic urine. It is stated that 0.1 per cent. of sugar will give a red color with the acid.—*Polyclinic.*

SURGERY.

OPERATIONS, APPLIANCES, DRESSINGS, ETC.

PREHISTORIC SURGERY.

In a paper read before the Surgical Section of the Forty-fifth Convention of German Naturalists, Dr. Tillmans presented some interesting conjectures concerning the state of surgical art in the stone age (*Central. für Chirurgie*). He first reviewed the surgery as practised at the present time by peoples supposed to occupy the same plane of development as pre-historic man in the stone age. Then, from articles found in the caves of the men of this age, he formed his conclusions concerning their surgical practice. Among the peoples still living in the stone age he reckons the Australians, the South Sea Islanders, and the Esquimaux. Dr. Miklucho-Maclay has given an account in the *Zeitschrift für Ethnologie* of castration and ovariectomy as practised among the Australians. He states that girls are robbed of their ovaries in order that they may serve as "hetaiva" to the young people. The operation is performed through an incision by means of sharp flints, on each side parallel to Poupert's ligament. The operation looking to the sterilization of men is performed by cutting away the under wall of the urethra from the meatus to the scrotum. This is done by means of a knife formed of a splinter of quartz set in a handle made of the dried sap of an indigenous tree. The South Sea Islanders trephine for injuries of the brain or skull. A T-shaped incision is made through the scalp and the bone scraped away with a splinter of glass. The operation is fatal in about one-half of the cases. In case of recovery the hole is covered with a thin piece of cocoanut shell. If the brain is found to be injured the destroyed portion is replaced with a piece of the brain of a recently killed hog. This procedure is said to promote recovery. The natives of Tahiti possess a large surgical armamentarium, consisting of flints, bistouries made of shark's teeth, sharpened bones, etc., similar to those found in the caverns of the stone age. They make saws also from shark's teeth. The Esquimaux produce abortion by pressing or striking against the womb with a whip handle. They also use the sharpened rib of a walrus or a seal, which they guard with leather and introduce into the vagina to puncture the membranes.

Much has been learned of the operation of trephining in prehistoric times from the researches of Prunières and Broca. The former found a so-called "rondelle," and oval piece of bone, one and one-half by two inches in diameter, taken from the parietal bone, in the excavations at Lozere. Such "rondelles" were worn as amulets. They were taken from the skulls of those who in life had survived the operation of trephining. Such men were regarded as holy. After their death fragments of bone were taken from about the trephined part and worn as charms. Many skulls showing this treatment were found. The operation seems to have been performed by scraping away the bone with a flint, as the oblique edges of the hole in the skull would indicate.—*Med. Record*.

CONSERVATIVE SURGERY A HUNDRED YEARS AGO.

From an address on surgery delivered before the British Med. Association, by Reginald Harrison, F.R.C.S., we extract the following: Henry Park was surgeon to the Royal Infirmary from 1767 to 1798. I can not do better than quote a passage which our local historian, Sir James Picton, has selected (*Edinburgh Review*), as paying a deserved tribute to his memory: "In the latter portion of the last century, when a vigorous flash of originality seemed to light up the annals of surgery, Park, of the Liverpool Infirmary, may be said to have accomplished the first act of conservative surgery. His patient being a sailor, to whom the loss of a foot and leg would have been tantamount to the loss of his means of getting bread, determined him to make the experiment of simply excising the diseased part, the knee-joint, and retaining the foot and leg. This he did so successfully that, to use his own words, the patient some years after the operation made several voyages to sea, in which he was able to go aloft with considerable agility, and to perform all the duties of a seaman; that he was twice shipwrecked, and suffered great hardship without feeling any further complaint in that limb. This was a crucial test of success that should have stamped the operation as one of the greatest surgical triumphs of the time; but, like so many other great strides taken in that age of extreme vivification, it was in advance of its fellows, and was destined to be arrested for the better part of another half century."—*Louv. Med. News*.

THE MANAGEMENT OF PATIENTS DURING CAPITAL OPERATIONS.

At a late meeting of the Boston Society for Med. Improvement, Dr. George W. Gay read a paper on the above subject which is reserved for publication.

In its discussion, Dr. Hodges expressed his belief that the duration and degree of etherization are of an importance which is apt to be overlooked, particularly by the young men who administer anæsthetics in our hospitals. Without the cognizance of the operator patients are often more deeply narcotized than is either necessary or advantageous by lavish use and crowding of the ether. Expedition, or, at least, the avoidance of unnecessary delay, in the actual performance of an operation, is also of much consequence. Demonstration, clinical remarks, consultation, the examination of interesting points by others than the operator are not infrequently detrimental, even though the patient's insensibility tempts such indulgences. That the element of time taken in operating is a matter of no moment is not, perhaps, so generally believed now as it was in the earlier days of anæsthetics. Even though a patient is wholly unconscious of pain, the shock of an operation, if its nature or the subject's condition occasions any, is rallied from in direct proportion to the duration of the procedure, and to the greater or less profundity of the etherization; and this is especially true of operations performed upon children.

Dr. Warren thought the reader had made some very good points. He thought it a question if the profoundness of etherization is not at times carried too far. He believed he had seen sinking beginning under a load of ether, and going on to end in death. By this he did not mean that there is any specific danger attaching to ether, but that it is one of the elements of an operation, and is to be considered. Movement is a danger to a feeble system. He had seen a patient go into collapse after being placed on the table, and die without being etherized or any operation taking place. He had in one case operated in the ward rather than carry a patient to the operating room, the reason being that the pulse became poor on starting. This patient recovered. Patients are apt to lose heat in the moving about before operation. All these are factors to be considered. Rapidity has been eliminated by the use of anæsthesia and still more by the use of the Lister

dressing. This ought to be avoided. In the speaker's opinion there was a tendency to operate too early in bad cases. The pulse often improves in six or eight hours.

Dr. Fifield, while agreeing in the main with the previous speakers as to the value of speed, warmth, and little movement, said that he was at a loss to understand how the administration of ether can be a factor in causing an after state of death. It had always seemed to him an admirable stimulant. We can sometimes by its use put off death for minutes and hours. The stimulating effect of the subcutaneous syring full of strong ether is a recognized fact.—*Boston Med. and Surg. Jour.*

THE DRAINAGE TUBE AS AN OBSTACLE TO UNION BY FIRST INTENTION.

ALEX. C. ABBOTT, Student of Medicine, University of Maryland, writes:—After closely observing for a period of about three years, those cases of solution of continuity in which as a factor in the healing process drainage has been instituted by the rubber tube, and on the contrary, those in which the secretions were allowed to pass off by means of gravitation, through the most dependent angle of the wound, with no other inducement to this point than probably the extremities of the ligatures, I am forced to conclude that in ordinary surgery the tube, instead of assisting the surgeon in procuring good results, frequently frustrates what might even be a better ending than he had anticipated. My conclusions are based on the following reasoning: If you insert into a wound any other foreign body, or set up an irritation by allowing any irritating substance to be left in the flesh, suppuration is bound to keep up until nature herself throws off this offending substance, or until it is removed artificially. Now in what manner does a rubber tube differ from an ordinary irritating foreign particle? It is true that it is never allowed to remain in the wound sufficiently long to cause an accumulation of pus, although it certainly does excite a formation of that matter. But does it not seem needless in ordinary cases that we should excite this irritant action at all? when by thorough irrigation of the wound, and by not too closely suturing together its edges, we might more frequently procure union by first intention. It is doubtless true that each surgeon gets the best results from those dressings with which he is most acquainted, but I can not avoid taking this opportunity of mentioning the excellent results that I have seen obtained from accurately but not too tightly suturing the wound, without using the drainage tube, and with the simple cold water dressing; the wound not to be uncovered for at least ten days unless otherwise indicated by the thermometer. I have gathered these observations not from any personal experience, but from what has been brought to my notice as assistant to a gentleman who has had considerable and varied opportunities in both minor and major surgery, and I have yet to see a drainage tube used or any dressing other than the cold water compress, and that not removed inside of the period mentioned above, unless otherwise indicated. In amputations and all other incised wounds this treatment has been pre-eminently successful. I am not prepared to say how this treatment would answer in hospital practice where the air is supposed to abound in septic germs, but surely in private practice the results that it has been my privilege to see have been uniformly encouraging.—*Md. Med. Jour.*, Sept. 22.

TRAUMATISM AND TUBERCULOSIS.

In a recent communication read before the Soc. de Chirurgie, M. VERNEUIL produced a record of a number of cases where traumatic lesion or a surgical operation induced the development of tuberculosis or aggravated the malady when already present.

He considers that the general perturbation, induced in the system by a traumatism, awakens a predisposition to the disease, which, up to that time,

had remained hidden. In this way, in certain cases, it would seem that the traumatic lesion was the great factor in the production of the disease.

This view of the subject was contested by M. Trelat, who admits that an operation of any gravity is not of course justifiable in any case of tuberculosis where the viscera are affected, but in cases where the disease was entirely external or where the operation was a minor one, even with the internal organs affected, surgical interference could be resorted to without danger.—*Med. and Surg. Rep.*, Sept. 22.

NUSSBAUM'S TREATMENT OF CANCER.

Prof. NUSSBAUM noticed, several years ago, that indolent ulcers of the leg rapidly improved when an incision was made around them, at about a finger's width from their margin, and down to the fascia, the incision being prevented from healing. Not long ago he treated a case of cancer of the mamma, with so strong a tendency to hemorrhage, that each dressing of the ulcer threatened her life. As the patient was nearly moribund from the frequent loss of blood, Nussbaum surrounded the tumor with a strong subcutaneous ligature, which he drew together with all his strength, and then tied. The patient rallied completely. Not only was the hemorrhage arrested, but the tumor decreased to one-quarter its size, and the ulcer began to cicatrize. The patient's strength rapidly increased. Nussbaum, therefore, now proposes completely to prevent the feeding of these tumors by their peripheral nutrient vessels. The blood which supplies the tumor through its base is sufficient to keep it stationary, whilst it does not absolutely starve it. In order to accomplish the desired interruption of the supply from the periphery, Nussbaum urges the formation of a furrow around the tumor, down to the fascia, about one centimetre wide, not with the knife, however, but with the thermocautery. In the above-named case a tubercle had not been included in the ligature. Nine months after the application of the latter, this tubercle had grown, and had thus reached the tumor of the mamma, which tumor had meanwhile become quite solid. The tumor now began to grow again, and even to bleed. Nussbaum, therefore, surrounded all the isolated tubercles with a deep furrow, and their growth evidently stopped. Six weeks later they were still shrinking. Nussbaum thinks that the thermocautery or the actual cautery is much more useful than is generally believed. The subjective condition of the patients, their strength and appetite, are much better after an operation with the cautery than with the knife; the wound heals quicker, except in cases where approximation by sutures can be employed after knife operations; and relapses are much delayed. Nussbaum ascribes these advantages partly to the absence of loss of blood, and partly because the nerves and blood vessels, being covered with cicatrix, are protected from the influence of the air.—*Physician and Surgeon*.—*Med. News*.

HYPOPHOSPHITE OF LIME IN CANCER.

Dr. J. B. JOHNSON, in *Medical and Surgical Reporter* says: Some time ago I received a copy of a lecture by Dr. Hunter McGuire, of Richmond, Va., on the subject of "Cancer of the Breast," in which he recommended the use of hypophosphite of lime and soda. His formula is:

R. Hypophosphite of lime and soda, \mathfrak{z} ss; diluted phosphoric acid, 3 ss; distilled water, \mathfrak{z} viij. M. Sig.—Teaspoonful in water three times a day, and when indicated he sometimes uses in addition, arsenic and iron in the forms of chlorides of arsenic and iron.

At the time of reading the lecture I had under my care two cases of cancer, one of the breast and one of the ear, at the angle of the left jaw. About a year before I was consulted in the case of cancer of the breast; the breast had been entirely excised; but the wound made no effort to heal, and grew to be an ulcer two inches wide by two inches long. The cancer of the ear

also presented an ulcer, irregular in shape, covering the space of an inch or more in extent. I gave at once internally—

R. Hypophosphite of lime, 3 iss; bromide of potassium, 3 ij; Fowler's solution, 3 iss; aqua destil, 3 viij. M. Sig.—Dose, a tablespoonful every three hours.

R. Tar, alcohol, aa. ʒj. M. Sig.—Apply freely to the ulcers three times a day.

Both patients have been using the above prescription for six months, and the progress of the cancers is not only arrested, but the ulcers almost healed. There is no doubt that the progress of the cancer can be delayed by the use of the hypophosphites in combination with arsenic.—*So. Med. Record, Sept.*

HORNY TUMOR ON THE CHEEK.

At a meeting of the Calcutta Medical Society on July 11th, notes of the following interesting case were read: Bhondu, a fuller, was admitted into the Rai Bareli Sudder Dispensary on the morning of 29th July, 1882, with a peculiar tumor on his left cheek. His previous history is that about eight years ago he first felt a hard, painless swelling come on in his left cheek, just near the angle of the mouth. For the first few months he took no notice of it, simply because it did not trouble him, but after the lapse of some more months, it became double its size and very unsightly. He thereupon consulted a barber-surgeon, who applied some medicine, and a fortnight after its use, a thin layer of skin, as the patient says, peeled off its surface, leaving exposed to view a hard, white swelling like a horn in structure. No medicine had any effect in checking its progress, and four years after it was first noticed, it became about two and a half inches long. He again went to the barber, who sliced off the projecting mass with a razor. He (the patient) could still feel a hard plate sticking as if it were in his cheek. Some time after, it again attained its former size, and he had it again cut off by the barber. The last operation was performed about two years ago. The tumor has now again increased in bulk, and is larger than it ever was before. From the very beginning, it has been perfectly painless, the only source of inconvenience and anxiety being its size and presence on the face.

Present state (at time of admission). There is a pyramidal mass projecting out of the left cheek. It is about three inches in length. The apex is a cut, triangular, uneven surface, about one inch square, having rather a constricted neck. Its thickness is much greater toward the base, which is embedded in the substance of the cheek. On running the finger over the base from within the mouth, a hard substance is felt, as if it were sticking in the cheek. Its circumference is about three inches. Pressure upon the tumor from within or without the mouth does not give any pain, and the whole thing looks exactly like a horn on a man's face.

Treatment.—The tumor was dissected out. It was found to be embedded in the whole thickness of the cheek, and the mucous membrane of the mouth was, in the course of dissection saved with great difficulty. The after-treatment was carbolized lint, and on the 12th August, 1882, fifteen days after the operation, the man was discharged cured, the wound having filled up with granulations.—*Indian Medical Gazette.*—*Med. News, Sept. 15.*

ATROPHY OF THE BRAIN AFTER AMPUTATION OF AN EXTREMITY.

The Academy of Medicine, at its last meeting, listened to a very interesting paper and report of a case by M. Bourdon, in which there was a local atrophy of the cerebral structures after amputation, this being the seventh example which this observer had collected. In a previous memoir on the subject M. Bourdon had demonstrated that the amputation of a member causes atrophy of the upper portion of the cortical layer of the convolutions

in the motor region, as a result of the loss of functional activity. This is an important fact from a physiological stand-point. The present illustration also shows that this degeneration may extend also to the central portions of the cerebrum, and secondarily as far as the medulla oblongata. In this case an amputation performed forty years before, in which the arm was removed, had caused a paralysis of the leg on the same side. This remarkable result, it is seen, was a remote one, and only appeared toward the end of the patient's life. The autopsy showed an atrophy of the cells, and some of the nervous fibres which preside over movements of the leg, an atrophy which apparently had been very slowly and gradually established.

The case, in brief, was that of an old soldier, who had submitted forty years before to a disarticulation of the left arm, and who died suddenly with cerebral congestion. Up to this time he had never experienced any cerebral disorder; but during the last years of his life the lower extremity on the same side as the amputated arm was gradually becoming paralyzed. At the examination of the brain, on the right side there was noticed a decided depression on the ascending frontal convolution. This was also observed in the paracentral lobule and the convexity of the right hemisphere. The lateral ventricle of the same side was considerably enlarged, especially at the level of the affected convolution, denoting a very extensive atrophy of the subjacent white substance. The corpus striatum also presented a depression near its centre, and the optic thalamus was flattened. Sections of the medulla oblongata showed that the median raphé was deviated to the right, and very markedly atrophied. Upon carefully weighing the hemispheres, the right was found to be thirty-one grammes less than the left.—*Revue de Thérap. Méd. Chir.*,—*Med. Times*.

INJURIES TO THE HEAD.

In an interesting article upon this subject, Dr. S. E. MUNFORD, of Princeton, Ind., in the *Transactions of the Indiana State Medical Society*, 1883, relates a series of cases well worth study, one of which illustrates plainly, as follows, how much benefit is sometimes derived from non-meddlesome surgery: "A man engaged in a saw-mill fell from a height, the left side of the head striking a square oak block. The upper portion of the auricle was entirely severed; the scalp was extensively cut and peeled up from the bone, and the skull fractured. The break extended from the coronal suture through, or nearly through, the transverse diameter of the parietal bone. Near the middle of this line of fracture there was a vertical seam joining the transverse line from below. The lower fragments were pushed in to about the thickness of the bone. When called to see him, eight days after the reception of the injury, it was learned that immediately following the accident there existed the condition characteristic of concussion, which immediately passed, and was in a few days succeeded by fever, pain in the head, and delirium. We found him violently manical, requiring, day and night, the presence of strong men to restrain him. The scalp was red and puffy, and was suppurating along its cut edges. The skull was perforated, and the elevator passed under the depressed bone, but failed to lift it until an overlapping angle of bone was cut with Hey's saw. The dura-mater showed a slight change by inflammatory action; no pus was discharged. It was not possible to close the inflamed and swollen scalp, and as the case progressed the scalp retracted, leaving a vast expanse of uncovered bone. The trephine hole was near the middle of this area, thus giving an opportunity to watch the process of repair of the opening in the bone. The dura-mater for the first week pulsated in the bottom of the trephine cut, in the usual way; after this time it was noticed that this membrane gradually receded, leaving the inner cut edge of the bone visible. A few days after, the advance of the granulating columns showed themselves at the margin of bone and steadily crept across the exposed membrane and the walls of the cut bone, until at last the void was filled by this marvelous patch-work tissue. The repair consists in a thickening of the dura-mater over a surface considerably larger than the

aperture in the bone. This supplemental tissue, as is known, ossifies in exceptional cases. The rule is the formation of fibre-cartilage. Within a day or so after the operation on this man, the temperature declined, the delirium began disappearing, and the case made steady progress to entire recovery. The exposed bone was not wholly covered until four months had elapsed. It is believed that the pericranium was saved by abstaining from frequent washings, and by cleansing the wound by gently flooding with tepid water, allowing no wiping or mopping with sponges. The tedious granulating process over the bared skull has doubtless been noticed by all who have seen such injuries. It behooves the surgeon, therefore, to save the scalp in all injuries of this stricture, and to endeavor to have as early a union of its cut edges as is possible and admissible. Wiseman, after abusing a barber for cutting off a piece of the scalp of a "horse courser," and hanging it up in his office to show how great a surgeon he was, adds: 'However ragged the integument may be, however ingrained with mud or sand, or anything of the kind, you will replace it and leave it to nature to determine how much and which part is to be separated.' The lesson of this case is that the lifting of an offending edge of bone may cut short an inflammatory process which would otherwise go on to suppuration and death."

Dr. Munford says that doubtless many deaths, capable of being prevented, occur from injuries of the head. The factors to this result may be enumerated as follows:—1. Inattention to the lighter injuries; 2. Abandonment of graver ones; 3. Too great conservatism in the management of an intermediary class. "No injury of the head is too slight to be despised or too great to be despaired of," wrote Liston, and it is a truth whose teaching, if faithfully adhered to, would be worth many a human life. How often people come to us, having received a blow which contused or cut the scalp, whose wounds receive a little washing and perhaps a little stitching, but who are allowed to depart with no word of caution. The ordinary occupation is perhaps at once resumed—rigors, fever, pain in the head, delirium, coma, death, are frequently the sequential phenomena of such neglected cases. Guthrie said that while it was doubtless true that the internal plate of the skull was often fractured by blows that inflicted no injury to the external table, yet in a practical point of view it was well to bear it in mind, otherwise few receiving these injuries would escape the trephine. It were well for our patients did we proceed in the management of these hurts as if every blow which sent a patient to us had done violence of a serious sort—not that they should be trephined, unless necessary, but watched. When we see cases of so desperate a character as to dispel hope, we should remember that a tamping bar three feet long has been driven through the human skull, and that minnie balls have traversed the cranium and its contents, from forehead to occiput, without fatal results.

In that class of injuries between the lighter and graver—injuries involving lesion of bone and perhaps of the integuments, which, by their nature, challenge immediate attention, and yet present a hopeful aspect—is the practice of the profession at large that which most tends to safe life? If surgery is defective in this direction, it may, in apology, be said that no hurts of the body present so many complex and obscure elements as do head injuries. Hence it is we often find cases whose entanglements baffle the keenest sagacity, and for whose management no principles or established rules present themselves.

The axioms of surgery regarding operative measures in fractures of the skull, are the evolutions of clinical experience, and are, in the main, doubtless, correct in their teachings. But shall we invariably follow the teachings of these precepts? One declares that a simple depressed fracture of the skull, without symptoms of compression, shall be let alone, so far as the bone is concerned. Another teaches that the same fracture, provided a wound of the scalp co-exist, may have operative treatment. I am inclined to the belief that an incision of the scalp is too slight a complication of the injury to be allowed to hinder the lifting of the bone, especially as we may call to our aid antiseptic measures. If there be a rough edge of bone or spicula impinging the dura, which is less tolerant than the brain itself of intruding objects,

subsequent intra-cranial trouble is highly probable. The bone lifted, this danger is largely averted. The limited experience furnished by my own practice, with observations of the practice of others, leads me to believe that primary surgical measures, in fractures of the skull, add little to the shock of the existing injury. I do not say that every case of fracture with depressed bone shall have operative treatment. No one can say elsewhere than at the bedside, which cases shall and which shall not have such treatment. Professional sagacity, face to face with its work, is superior to any law or rule in surgery.

Suppurative meningitis, with resulting compression of the brain from pus, is a frequent issue in fissures and other injuries of the skull. No treatment for this trouble will avail save such as surgery may bestow.

Mr. Hewit teaches that in this class of cases we are only to operate where, in addition to fevers and rigors and to the local signs about the bone, there are also well-marked brain symptoms—coma, and, better still, hemiplegia. If we wait until these phenomena are present and operate, we may at least feel that the operation did not destroy the patient. Arachnitis and brain disorganization are apt to put him "past all surgery." Mr. Pott, the great apostle of the trephine, found justification in the puffy tumor, the secession of the peri-cranium, restlessness, fever, slight rigors, pain in the head and quick pulse, for perforation of the bone, and his record is five out of eight such injuries saved.

Timely operative treatment in injuries of the head is, doubtless, often withheld because of an existing prejudice against such measures. The danger growing out of the use of the trephine as a surgical procedure is, in my belief, much overrated. Opening the skull with a conical trephine in an ordinarily deft hand, is in itself attended with little danger, and is an operation that should intimidate neither patient nor surgeon. Let timorous ones read the following from John Bell's *Principles of Surgery*: "I, the undersigned, Phillip, Count of Nassau, hereby declare and testify that Mr. Henry Chadbourne did trepan me in the skull twenty-seven times, and after that did cure me well and soundly."—*Miss. Val. Med. Mo.*, Oct.

CONTUSIONS OF THE BRAIN AND SPINAL CORD.

The late lamented Dr. JOHN A. LIDELL, in an elaborate paper on this subject in the *American Journal of the Medical Sciences*, discusses the clinical history, diagnosis, prognosis, and treatment of this large and very important class of injuries. While much is said in our text-books on the subject of cerebral concussion—of its dangers and of its importance—but small if any mention is made of the contusions of the brain which so very often complicate the concussions, and impart to them whatever of gravity, be it much or little, that they may chance to possess. And still less mention is made of the contusions of the spinal cord. No wonder, then, that bruises of the brain-structure and of the spinal cord substance occur much more frequently than is generally supposed, that the relationship which exists between these injuries and concussions is not well understood, and that the bruises of these organs often escape even all suspicion during life. That slight or even moderate concussions of the brain sometimes, perhaps not unfrequently, occur without being complicated with contusions of the brain, the author does not doubt. Contusion of the brain is, therefore, he believes, not synonymous with concussion of the brain; but, at the same time, all the evidence now collected tends to prove that the severe instances of cerebral concussion are always complicated with cerebral contusion. Concussion of the brain, however, derives its chief importance from the fact that it is very often associated with contusion of the brain; and, in examining a case of cerebral concussion, the question of most importance for the surgeon to decide is whether or not cerebral contusion is also present. These are points of doctrine which practically have much interest for patients as well as practitioners, because of the influence they are likely to exert in the direction of procuring a correct

diagnosis, and consequently, a wise treatment. For in the disorders of no other parts of the body is it more true that an accurate diagnosis begets a wise plan of treatment than in those of the brain and spinal cord.—*Med. Record.*

TUMORS IN THE TEMPORAL REGION.

This subject has been thoroughly investigated by C. BOTTEZ, whose researches are spoken of by the *Revue Medicale* in the following terms:—

“A work altogether remarkable, and one which no one will fail to read whom chance may bring in contact with tumors situated in this region. All the lesions are passed in review, the symptoms, the course, and the possible complications being analyzed with peculiar care. No detail is too minute for the author’s notice, and no part of the description superfluous.”

The following are the conclusions of M. Bottez:—

Tumors in the temporal region are rare. Some are superficial (outside of the temporal muscle) and are generally either epitheliomata or of a vascular nature (anévrismes angiomes). Others are deep (under the temporal muscle). Such are almost always malignant (sarcomata or carcinomata), more often of osteoperiostic origin, sometimes coming from the dura mater.

Deep abscesses are rare. Nearly all the deep tumors have as a common characteristic more or less rapid progression, thinning of bone, and even perforation into the cranial cavity, a result which the surgeon should always have in mind when operating in this region.

The form most common, which has to do with sarcoma or carcinoma, is without doubt the encephaloidal. It is impossible in the actual state of the question to say in presence of a deep tumor whether it is a fleshy or a carcinomatous growth, there existing no absolutely diagnostic sign.

In connection with these investigations the case reported by Bryant in the *Lancet* (January 28, 1883) is of especial interest. The case was that of a girl, aged ten years, who had a tough and almost nonsensitive tumor of rapid growth, behind the left ear, involving the temporal and occipital bones. After a period during which the tumor caused no symptoms whatever appeared headache, vomiting, paralysis of the left facial nerve, and deafness in the left ear. Incision over the mastoid process allowed the escape of a little pus and several pieces of necrosed bone. The paralysis increased, although the hearing improved; there followed intense pain in the neck and back, difficulty in moving the tongue, dysphagia, and finally death with increasing irregularity of breathing.

The autopsy revealed a sarcoma filling the entire posterior temporal cavity. The tumor had flattened the left cerebellar hemisphere as well the medulla oblongata, compressing the nerve origins from the latter, especially the emerging fibres of the left facial nerve.—*Boston Med. and Surg. Jour.*

EXTIRPATION OF THE THYROID GLAND.

Up to 1850, there were 70 excisions of the thyroid, with a mortality of 41 per cent.; up to 1877, 146, with a mortality of 21 per cent.; up to 1883, 240, with a mortality of 11 per cent., or in general terms, four times as many operations and one-fourth of the earlier mortality. In this country, goitre so severe as to require extirpation of the thyroid, is rare, and the comparatively large experience of the late Dr. W. W. Greene, of Portland, was for us almost phenomenal. But, as we would naturally expect, the continental and especially the Swiss surgeons, have such exceptional advantages in the study and operative treatment of these generally formidable tumors that their statistics seem equally astonishing and successful.

At the Twelfth Congress of German Surgeons, no less than four papers were presented on this subject by Kocher, of Bern, who published, some time since, in the Swiss *Correspondenzblatt*, fifty-eight cases, and now adds forty-three more, by Bardeleben of Berlin, by Wölfler of Vienna, who reported sixty-eight excisions by Billroth, and by Mass, of Würzburg.

In the evolution of the operation, two of the chief dangers—hemorrhage and septicæmia—have been, to a large extent, overcome, the latter by antiseptic treatment, and the former by a methodical ligation of all the thyroid arteries and their branches, and also of all the larger veins whose position is generally pretty well defined. The recurrent nerve must, of course, be sought and avoided. So large a proportion as seven cases in Billroth's sixty-eight suffered with tetanus, of whom two died, four recovered, and one suffered a relapse after three years. Kocher lost one-fourth of the malignant cases in his last forty-three operations, but only 5.1 per cent. in the non-malignant cases. That tracheotomy is to be avoided, even in cases of severe dyspnoea, seemed to be the general opinion, as it interfered with thorough antisepsis and the restoration of the form of the compressed and not seldom softened trachea. Kocher, when the disease is unilateral, frequently extirpates only the diseased half of the gland with good results, whereas Wölder advocates total extirpation.—*Med. News*.

TETANUS.—GELSEMINUM.

Dr. WM. CARTER, in the *British Medical Journal*, referring to Dr. J. B. Read's paper as to the use of the liquid extract of gelsemium sempervirens in the treatment of tetanus, makes the following remarks: "I communicated to the Liverpool Medical Institution a paper on the physiological action of that drug, and as the result of many observations and experiments came to the conclusion that the principal effects produced by large doses are extreme muscular relaxation without either stupor or delirium. In these respects," continues the paper, "its action seems somewhat akin to that of conium maculatum, and these effects would seem to point to its probable utility in tetanus and other disorders attended with severe muscular spasms." During the following session Dr. Spratly, of Rock Ferry, honorary surgeon to the Birkenhead Boro' Hospital, communicated to the Liverpool Medical Institution a report of several (I think three) cases of traumatic tetanus, which he successfully treated by means of gelsemium in the manner indicated by Dr. Read, the doses of the drug being very large, and the effect in each case eminently satisfactory. One of these cases, which, by Dr. Spratly's courtesy, I had an opportunity of seeing, was very severe."—*Med. Review*.

REMARKABLE CASE OF COMPOUND COMMINUTED FRACTURE OF THE FRONTAL BONE, WITH RECOVERY.

Dr. L. TIBBETS, of Rockford, Ill., sends us the following history. A young man, aged twenty-nine, weight one hundred and twenty-eight pounds, was working at an emery wheel, fourteen inches in diameter, and revolving three thousand times a minute, when it suddenly burst, and a fragment struck him on the left half of the frontal bone. He fell down and was unconscious and quiet for about ten minutes; then violent and muscular movements appeared. The frontal bone was depressed, the brain visible and pulsating. Four persons held him while Dr. Tibbets removed eight large fragments of the bone. The patient was then more quiet. Hemorrhage was profuse, the brain membranes, longitudinal sinus, and a branch of the middle meningeal artery being lacerated. The wound was bandaged, and the patient carried home in a hack. "On the way home," says Dr. Tibbets, "he vomited blood several times, and after arriving, I gave him chloroform to quiet him while removing other pieces. One piece of the orbital plate, also a piece of the internal angular process of the frontal bone and orbit weighed one drachm. The number of pieces removed was nineteen, weight of largest (two of same weight) was one drachm. One piece was found on the opposite side of the shop, forty feet from where he stood. The combined weight of all the pieces found and removed was five drachms twenty-five grains. Hemorrhage was controlled by twisting the meningeal branch, and powered persulphate of

iron applied to the brain surface where the vessels were torn, and the wound left open until all oozing stopped, which was three hours. At two places on the left lobe, anterior, there were seen protusions of brain matter about three-eighths of an inch in diameter. The wound was crucial shaped, extending from the root of the nose toward the middle of the left frontal bone. The flaps of skin were drawn together and a rubber drainage-tube inserted. Fluid extract of ergot 3 j., and codeia, $\frac{1}{4}$ gr., were ordered every three hours. Some hours later he became conscious and would answer questions. Slept well that night. Next morning he could speak, take nourishment, and sit up. Temperature normal. Carbolized cloths were kept upon the wound. By the fifth day he was able to sit up half the time in a chair. At no time after the injury did he complain of any pain. The highest point of temperature reached was 102° , and this only for one or two days. For three weeks after injury he complained of seeing double. Though after this, his sight became normal and mind clear. I gave him examples of figures to add, columns five figures in length and nine in number, to test his memory and condition of mind. He added these readily and correctly. He sat up most of the time. In two months he walked over a mile. He had then been keeping books for the company for three weeks. I tested his sight, and found in each eye vision normal. He recently moved to Oneida, N. Y. Before leaving was able to transact business, as before injury. There was left a depression in forehead, when the bone was taken out, but, on pressure, it seemed quite hard. I have seen reported but one case similar to this, in 'Erichsen's Surgery,' page 287, when there was a comminuted fracture of frontal bone, where there were twelve pieces of bone; patient died on the ninth day. These recoveries are considered very doubtful. I have not seen, or been able to find a case reported, parallel with this, both for extent of injury and perfect recovery."—*Med. Record*, Sept. 15.

COMPOUND COMMINUTED FRACTURE OF THE SKULL, WITH
WOUND OF THE SUPERIOR LONGITUDINAL SINUS;
LATERAL SUTURE OF VEIN-WOUND.

Dr. CHARLES T. PARKES, of Chicago, reports the following interesting case: B. B. æt. 27, laborer, was admitted to the Cook County Hospital, June 20th, at 4.50 P. M., suffering from a compound comminuted and depressed fracture of the skull. Patient has always enjoyed good health; no hereditary taint, nor venereal accidents. Has been a moderate drinker, but was not under the influence of liquor at the time of the accident.

While working on a building several bricks fell from the top of a wall, one of which struck him on the head, prostrating him, but not so that he lost consciousness. The hemorrhage was then quite profuse; a few rude attempts were made to control it until he was conveyed to the County Hospital.

On admission his general condition was fair; hemorrhage had nearly ceased, looked otherwise in good health.

On examination a lacerated wound of scalp was found about two inches in length, of general triangular form, over right parietal bone, above and posterior to the parietal eminence, extending to the median line; also a depressed fracture in same locality, one and a half inch in diameter, oval in form, was made out. There were sensations of numbness and loss of motion in both upper and lower extremity—left side. Dr. Parkes had the patient immediately anæsthetized, and after enlarging the external wound slightly, four fragments of the external table of the skull were removed. This operation was followed by such terrific hemorrhage that no further attempt was made to remove other fragments. The hemorrhage coming from the superior longitudinal sinus was controlled by packing the wound with gauze, and applying a compress. Several small vessels of the scalp were also twisted.

On June 21st, Dr. Parkes removed compress and gauze, and extracted three fragments of the internal table and one of the external table. Hemorrhage again occurred from a perforation in superior longitudinal sinus about size of a

coffee grain. This was closed by three catgut sutures, perfectly controlling the hemorrhage. Slight compress of gauze again applied; scalp wound partly closed by one silk ligature; the whole retained by bandage. The fragments taken from inner table of skull were four in number. The fragment from the external table was the fifth fragment from that table.

On July 20th the pulse and temperature were normal, the paralysis was gone, there was no pain, no inconvenience whatever; says he is all right; only slight loss of motion remaining in toes of left foot; dressed the head; from right and lower margin removed a piece of bone, which was found protruding and loose; from this time on several small pieces were removed, evidently fragments which had become necrotic on the edges.

On September 8th, there was no suppuration, motion and sensation had returned almost completely in the affected extremities, and the patient was discharged well and strong.—*Annals of Anat. and Surg., Sept.*

ON THE CONSOLIDATION OF FRACTURES IN CASES DIABETES.

M. VERNEUIL, *Bulletin de l'Acad. de Med., Paris*, No. 30, gives three cases in detail where the presence of glycosuria was determined in connection with fractures, and where the separative process which results in consolidation was seriously impeded. The first case was a compound fracture of the left arm in a workingman of 35 years of age, sober and of regular habits. In this case four months elapsed before consolidation was established. The second case was a fracture of the neck of the humerus, where union was apparently satisfactory, and the patient left the hospital to return suffering from another injury of which he died in two days, but which had no connection with the fracture of the humerus. The autopsy made more than three months after the receipt of the fracture, disclosed simply a provisional periostitic callus thrown out about the seat of fracture. The third case was a simple fracture of the forearm in a man 54 years of age, whose urine contained 79.60 of sugar per liter. The sugar disappeared under treatment in about six months; but, while there was no displacement or deformity at the seat of fracture, there was no consolidation.

A fourth case is recited of fracture of the lower extremity of the left radius, where, owing to the marked absence of pain, the urine was examined and sugar found to be present, 6 gr. 30 per liter, M. Verneuil having previously noted that anæsthesia was marked in the foregoing cases of fracture in diabetic patients. In this case a perfectly satisfactory result was obtained after the usual lapse of time, and the diabetic symptoms disappeared.

In summing up his cases M. Verneuil considers the fact that first case was one of compound fracture, does not influence the result, as the inflammation was superficial. That as regards the condition of general health, while in two it was poor, in the third it was excellent. He considers the fact thus established adds one more to the causes which retard or prevent the consolidation of fractures. All surgeons know that wounds in diabetic patients become very often the point of departure of serious accidents and the seat of various local complications. Union by the first intention is rare, and secondary union is slow and tedious in simple wounds, which fact has more than once caused an examination of the urine and determined the presence of diabetes, which had previously been ignored. The formation of callus is only a variety of the general traumatic process, and is subject to the same influences. The fourth case was the subject simply of an ephemeral diabetes, and was much less dyscrasic than the three others.

As regards the various theories in explanation of the genesis of diabetes, M. Verneuil considers his cases favor the views of M. Boushard, who classes diabetes among the diseases due to a diminution of nutrition. The reparation of wounded tissues is a form of nutrition. This reduces the subject to three propositions:

1st. The delay and absence of consolidation, as shown in three cases of fracture, seem to be due to a dyscrasia simultaneously recognized—that is to diabetes.

2d. This delay and absence of consolidation implies necessarily a diminution or suppression of reparative force, a particular form of nutrition.

3d. Whence it is permissible to conclude that diabetes, when it checks or prevents the formation of callus, influences at least, if it does not cause it directly, the diminution or the suppression of nutrition.—*Jour. Amer. Med. Ass'n*, Oct. 6.

FRACTURE OF HUMERUS—RUPTURE AND LIGATURE OF AXILLARY ARTERY.

A most instructive case is reported by Dr. GEORGE E. FENWICK, in the *Brit. Med. Jour.*, September 29, 1883. The patient, a woman, was struck on the shoulder by a piece of falling timber. The humerus was fractured in its upper third, the upper fragment being drawn inward and lacerating the axillary artery. Below the seat of injury there was no pulsation, and the axillary space, shoulder, and pectoral region was tense and brawny, and full of effused blood, which was all the time increasing. The subclavian artery was compressed with the handle of a door-key where it passes over the first rib, and the axillary artery was cut down upon and tied above and below the laceration; the clots were turned out, the bones were set, and the wound cleaned with a warm solution of carbolic acid 1 to 40. In two months the woman left the hospital.

This was a case of unusual occurrence, and is of interest in illustration of the surgical principle of ligating a vessel at the point of injury. There are other conditions connected with the case which might render this line of practice objectionable, and to which exception might be taken, as the converting a simple into a compound fracture. The case was desperate, and one of two things had to be done; either ligate the vessel, and endeavor to save the arm, or practice amputation at the shoulder-joint.

The conversion of a simple into a compound fracture, always a serious injury, and to be avoided if possible, is less feared now, with the use of antiseptic means, which, in this instance, were fully carried out. A most interesting circumstance connected with this case was the accuracy with which he was enabled to ascertain the actual point of injury to the vessel by the use of the stethoscope; the humming of the artery could be distinctly made out to cease at a given point, opposite to which was an abraded portion of skin, and exactly at this point the wound in the vessel was found.

Another point of interest was the return of the radial pulse forty-five hours after ligation of the vessel.—*Med. and Surg. Rep.*, Oct. 27.

PROBABLE CAUSE OF NON-UNION OF FRACTURE OF PATELLA.

G. R., aged 60, a strong and healthy-looking old man, was admitted into the infirmary on May 20th, with transverse fracture of the patella. At the time of admission, there was a good deal of ecchymosis around the joint, and the fragments were widely separated. He was placed in the ordinary position, and treated with evaporating lotions and perfect rest, until the effusion had disappeared; the symmetry of the joint appeared perfect, except a tilting of the fragments, which did not fit together properly after the application of straps, buckles, plaster, etc., which caused me to imagine that there must be something besides the action of the triceps femoris, which was very relaxed. The patient dying on August 15th, a *post-mortem* examination was made for verification of the diagnosis. There was no attempt at fibrous union; but, on divaricating the fragments, three ounces of clotted and partly organized blood was visible, pushing up the fragments, and so causing the displacement and non-coaptation of the fractured bone. The query arises, might not this clotted blood (or organized blood in the young subject) be the cause of non-union in a great many cases, supposed to be due to the action of the triceps femoris? The case appears of interest, in clearly showing the line of treatment which should have been adopted, and the practical utility of early

aspiration and putting up in plaster-of-Paris, so doing away with elaborate splints and lotions, and avoiding long confinement to bed. The case also shows the deformity and non-union produced by blood-cot from beneath the fragments, when apparently all effusion had disappeared.—W. GEM, L.R.C.S.I.—*Brit. Med. Jour.*, Sept, 1, 1883.—*Miss. Val. Med. Mo.*, Oct.

UNUSUAL FRACTURE OF THE PATELLA.

At the Philadelphia Academy of Surgery, President S. D. Gross, M. D., LL. D., D. C. L., in the chair.

Dr. Samuel Ashhurst reported the following:—On the 16th of August, 1882, I was called to see a little girl about four years old, who had struck her knee with a large glass marble. Upon examination I found an oblique fracture of the left patella, vertical in direction, and apparently extending from within outward obliquely through to the joint surface of the bone.

The edge of the fragment presented sharp and clearly immediately underneath the skin, so that despite the unusual character of the injury, I was able to convince myself of the accuracy of the description given above. Slight pressure restored the fragment to its proper position, and it was easily kept in place by strips of adhesive plaster. The tenderness in the joint was such that a pasteboard splint was applied to the under surface of the extremity.

As the accident occurred at a watering place and the patient returned home in a few days, I am unable to give its after-history from my own observation, but I learn from Prof. J. H. Brinton that the patient came under his care with a severe attack of synovitis.

Upon looking over the various standard works, I find that while oblique fractures of the patella are referred to, few cases are given. Indeed, I have only been able to find two. *Hamilton on Fractures*, in his first edition, p. 489, mentions a case where a child five years old fell, and presented the same features of injury as in the case I report, excepting that the line of fracture was near the upper and inner margin of the patella, while in mine it was near the upper and outer margin of the bone.

Malgaigne, translated by Packard, p. 626, refers to a case reported by Daniel Turner, in which a piece of the patella in a girl thirteen years old came away from an abscess, and was believed to have been broken off by striking a door.

The cause of the injury in the case I report is also unusual. Particular attention was paid to the matter, but I was unable to elicit any other history than that immediately upon striking her knee the child cried out. Upon examination of the marble of glass, and probably one and three fourth inch in diameter, there was a slight nick perceptible upon one side, which, however, seemed totally inadequate to cause the injury, and had no appearance of having been itself caused by the force of the blow, the edges being not at all sharp.

The case was the only one of the kind I have ever seen, and seemed sufficiently unusual to be placed upon record.—*Med. News*.

JOINT AMPUTATIONS.—MOIST-SPONGE DRESSING.

GEORGE M'CLELLAN, M.D., Surgeon to the Philadelphia Hospital; Lecturer on Surgery, etc., said:—Amputation for disease done in the continuity of a limb is so often followed by the necessity of re-amputation that the question of amputation at the contiguity, or joints, presents itself to the mind of the operative surgeon as a subject of weighty consideration.

The impossibility of ascertaining the limit to which a morbid process in a long bone has extended, even after the bone itself has been laid bare to view, and the unvarying teaching of experience, which goes to show that when once the medullary substance in a shaft of a long bone is involved, the cell contamination is likely to extend to the articular cartilages, are important

factors in deciding upon applying the knife at the joints to free patients from further annoyance and the distress of a subsequent operation.

Statistics, although for the most part of a fancied value in surgery, furnish a favorable view, which might substantiate the above conclusion.

The impression that exposure of an articulation implies extensive suppuration and exhaustive drainage has done much to keep joint amputation in the background.

I believe that the chief trouble in the management of wounds liable to considerable suppuration is mainly due to the ordinary surgical dressings; and as the *moist sponge*, of which I am a warm advocate, is so simple in its use, and obviates the retention of any discharges within a wound, I shall hope to gain for it a trial at the hands of others by the recital of its satisfactory employment in the following case of *amputation at the knee-joint*, which I performed on the 29th day of April, 1882, at the Philadelphia Hospital.

The patient, Rose Donnelly, aged 44 years, had been affected with an epithelial cancer which sprung from a cicatrix over the tibia and finally involved the bone, so that amputation was done on the previous January 4th, by one of my colleagues, just above the site of the disease. The remaining portion of the tibia afterwards proved to be diseased, and the patient suffered great pain in the stump, on account of which I operated at the knee, by the oval flap method, retaining the patella and avoiding making the lateral incisions too high up on the condyles of the femur, so as not to interfere with the attachment of the femoral fasciæ and muscles. The ligamentum mucosum was also preserved, so that the patella was retained in position between the condyles. After ligaturing the popliteal and sural vessels, the edges of the wound were carefully approximated with silver wire, and a large, soft sponge (previously soaked in carbolized water 1-40) was applied directly to the part, and held in position with broad bands of adhesive plaster extending diametrically across the sponge and along the thigh, so as to exert equable compression upon the deep as well as the superficial structures. The ligatures were brought out at the most convenient points, and their ends embraced in the grasp of the sponge. There was no external or other dressing applied, except that a light roller bandage was run up the thigh, to control muscular spasm, and the thigh itself slightly elevated upon a pillow of oakum. This dressing was not disturbed for twenty-four hours, when it was removed, and afterwards reapplied daily. One of two sponges was used alternately, and kept constantly moistened with carbolized water (1-40), while the other was soaking in the solution. At each removal, all the discharges were found within the meshes of the sponge, and the appearance of the wound was satisfactory, except upon the fourth day, when it became erysipelatous (from contamination of an outbreak in the ward). This was combated by wetting the sponge with a solution of sulphate of iron (grs. x-aqua $\frac{3}{4}$ j), and the progress of the case was thereafter uninterrupted towards recovery, which was completed with firm cicatrization and entire cessation of discharges on May 20th, three weeks from the date of operation. The temperature reached 100° the first night, and 101° on the fourth night, but with the subsidence of the attack of erysipelas, fell to normal, and remained so throughout the rest of the treatment.

The stump is now firm, and well adapted to the use of an artificial limb. No pain whatever is experienced in it. The patella remains between the condyles of the femur, and there is excellent forward motion, due to the preservation of the function of the extensor quadriceps femoris muscle.—*Medical News*.

SUB-PERIOSTEAL AMPUTATION AT HIP-JOINT.

Before the Clinical Society of London (*Medical Times and Gazette*), Mr. Howard Marsh read the report on Mr. Shuter's case of subperiosteal amputation at the hip-joint which was signed by Messrs. Croft, Marsh, Clement, Lucas, and Shuter. The report went to show that it was doubtful whether any amount of bone was present in the central cord of firm resisting tissue,

that it was true that the muscles were in a high state of nutrition, and were able to give the stump and an artificial limb independent motion. The committee also decided that in the operation performed there was diminution in the risk from hæmorrhage, with preservation of muscles of such a length as would correspond to that obtained by an amputation through the upper third of the thigh; it was also found that the periosteum had been stripped off as high as the trochanters.—*Med. and Surg. Rep.*

TRANSPATELLAR EXCISION OF THE KNEE.

At a meeting of the London Clinical Society (*Lancet*), Mr. GOLDING-BIRD read a paper on the above subject. The operation was performed on a boy thirteen years of age. There was a year's history of articular osteitis of the right knee, with pulpy disease. In excising, a transverse incision was made across the middle of the patella, which was then sawn in two. The two fragments, with the soft parts, being turned up and down, the excision was completed in the usual way. Some pulpy thickening was removed from the lower side of the patella, and, when the limb was straightened, two carbolized-silk sutures were passed through its substance, and its two fragments thus united. Primary union was obtained. For four months the patient walked about with a stiff bandage at the knee, and with crutches. He had now a movable patella, and half an inch shortening.

The advantages claimed were that the surgeon could manipulate the joint better than when, with the idea of retaining the patella, the lateral incisions were employed; that, by keeping the normal attachments of the patella, the quadriceps opposed the ham-strings, so that the necessity was obviated of employing a stiff bandage for a year, to prevent posterior displacement of the leg; the rectus femoris had its full play upon the trunk in preserving equilibrium.—*N. Y. Med. Jour.*

NON-UNION OF THE TIBIA AFTER OSTEOCLASIS.

In the *Medical News* Dr. FIFIELD reports a case of non-union after osteoclasia. It occurred in a girl, five years of age, who was admitted into the Children's Hospital, Boston, with bowing of the arms and legs. On August 30, 1880, the left tibia, and in October the right leg and arm, were fractured with the osteoclast. The limbs were put up in a stiff bandage, and united in a good position in a few weeks, except the left leg, which did not unite firmly. There was here considerable projection forward of the tibia at the seat of fracture. On March 24, 1881, it was again fractured, but it failed to unite. In June, 1882, there was considerable bowing forward at the seat of the former operation, and considerable mobility. What union there was was broken down, and the limb again placed in a plaster bandage. On October 20, 1882, the limb was in the same condition; a cuneiform osteotomy was performed, and the ends of the bone wired together, after which firm union took place. The bone at the seat of operation was found chronic, inflamed, thickened [sclerosed?].—*N. Y. Med. Jour.*

EXSECTION OF ANKLE.—PROF. BUSCH'S PLAN.

Attention has been called by Prof. BUSCH to the difficulty of thoroughly extirpating all disease by the old method of exsection of the ankle, it being very difficult to thoroughly clean out the joint. Hueter recognized this, and recommended an anterior flap; but this necessitates division of important tendons and vessels. If the flap be made posteriorly the tendo Achillis must be cut and its future compactness seriously impaired. He recommends, then, the following procedure, which was thus executed on a patient: An incision from one malleolus to the other across the sole of the foot, inclining

rather backward to the tuberosity of the calcis; division of soft parts down to the bone; detachment of tendons and soft parts, which are then to be drawn forward so as to expose the sides of the joint; division of the calcis with the saw in the direction of the external wound, but obliquely upward toward to the anterior margin of the astragular articular surface; elevation of the posterior fragment and division of the ligamentous structures of the bone. If necessary the astragalus may then be removed, and all fungous tissue scraped out. After disinfection, the posterior part of the calcis is replaced and united with the other portion by wire sutures. When this method is followed, there is fair reason to expect some motion in the joint, while with the cicatrix in front of the great tuberosity it can hardly prove a source of trouble.—*Med. Review.*

RESECTION OF THE TARSUS.

Dr. LAUENSTEIN, of Hamburg, exhibited a patient before the Twelfth Congress of the German Surgical Society, whose whole tarsus, with the exception of the astragalus and a portion of the calcaneum, he had resected. Two incisions were made, one on each side of the foot. The result was far better than could have been expected; the foot was a little less than one-half inch shorter and slightly smaller in circumference than the other. The limp in his gait was scarcely perceptible, and he could easily walk for one-half an hour. There was good reproduction of bone.—*Berliner klin. Woch.*—*Med. News.*

CAPSULAR INCISION IN REDUCTION OF HIP-JOINT DISLOCATION.

This case occurred in the service of Dr. POLAILLON, at La Pitié. A dorsum ilii dislocation was diagnosticated. Four separate attempts at reduction were made, under chloroform. By the first, the head of the femur was thrown into the thyroid foramen, from which subsequent attempts at reduction proved unavailing. Muscular reduction could not be attained under profound chloroformization. On the forty-sixth day after the accident, Polaillon reduced it by incising the capsular ligament and breaking up the adhesions. Minute antiseptic precautions were carried out, including drainage. Death followed on December 20, 1882, four days after the operation. The patient was alcoholic. At the autopsy, the lungs were found congested at the base; heart fatty; liver enlarged, fatty, and suppurative; kidneys yellowish and fatty. The head of the femur was found in the cotyloid cavity; round ligament ruptured. This is the third operation reported of the kind. The first, by Volkmann, in 1876 (*Berlin. klin. Wochensch.*, No. 25, p. 357, 1877); the second, by MacCormac, in 1878. In both, the head of the femur was resected. Recovery in both. Volkmann made a longitudinal incision, which extended from the crest of the ilium to the great trochanter. MacCormac made a Y-shaped incision, including a large part of that region. Polaillon made his incision from the anterior inferior iliac spine, extending down the axis of the thigh about four or five inches. He does not attribute the death of his patient to the operation, but to his alcoholism and general bad condition.—*Bull. Gén. de Thérap.*—*Med. Times.*

DISLOCATED SHOULDERS.

W. E. ROGERS, M. D., REXFORD FLATS, N. Y., writes:—In reducing dislocated shoulders downward, I have for many years adopted a plan which, so far as I know, is peculiarly my own, for I have never seen it in books. I set the patient on the floor, lift the arm up, bringing the humerus on a line with the glenoid cavity, and give it to an assistant. I place my hand upon the top of the shoulder, and then direct the assistant to pull. The bone glides into place easily and speedily.

I will briefly and in conclusion relate a curious case of double dislocation at shoulder joint. J. J., seventy years of age, was walking across a potato patch. As he approached the fence, which was a board one about three feet high, he stepped into a hole, lost his balance, and fell forward toward the fence. He was just near enough to reach the top board with both hands. His feet being braced in the hole, he had not the power to recover himself, and so the weight of his body carried him to the ground. Shortening had to occur, as his arms and legs were stiff, and with the body formed an obtuse angle, and so both shoulders went out.—*Albany Med. Annals*.

NEURECTOMY.

In a recent number of the *Berliner Klin. Wochschr.*, Dr. SONNENBURG, of Berlin, has described a new operation for neurectomy of the inferior dental (*Centralbl. f. Chirurgie*). He begins by an incision one and a half cm. in front of the angle of the jaw, running up the ascending ramus for three or four cm.—corresponding roughly to the insertion of the masseter. The inner surface is then to be cleared up to the internal lateral ligament, usually two or three cm. from the angle. The insertion of the internal pterygoid must be separated, and then the ligament and nerve may be seen. A strong blunt hook is then passed along the finger, and the nerve hooked up without disturbing its neighboring artery, which lies close to the bone. The lingual nerve is quite to the inner side and is not meddled with. The nerve so secured can be stretched down toward the angle and a portion excised. The advantages of this method are that the wound is very small, the bleeding is insignificant, the capsule of the submaxillary gland is left intact, no burrowing of pus can occur, the nerve is easily found; a good piece can be excised, the wound heals rapidly, and the scar is small.—*Med. Review*.

TRANSPLANTATION OF MUSCLE OF A DOG TO HUMAN ARM.

HELFERICH (*Archiv f. klin. Chir.*, Bd. xxviii. p. 562) reports a case in which, as a result of the removal of fibrosarcoma from the arm of a woman aged thirty-six, the whole upper half of the biceps, with the exception of a thin strand at its outer part, was extirpated. Into the cavity which was left he promptly introduced a large fragment of the biceps from the leg of a dog. The cut surfaces were carefully brought together with sutures, as little injury as possible being done to the parts. The transplanted muscle was much more voluminous than the original portion, and was long after the operation distinctly perceptible to the touch. Electric experiments instituted about three months after the operation showed that the biceps reacted perfectly naturally to both kinds of current. The high point of stimulation situated at the place of section of the musculo-cutaneous nerve was, however, absent. The movements at the elbow-joint were almost normal.—*Lancet*.—*Med. News*.

SUTURING OF THE DIVIDED ENDS OF EXTENSOR TENDONS IN THE FOREARM.

Dr. F. LANGE presented (N. Y. Surg. Soc.) a lady patient who about two months ago, fell from a considerable height, and struck against a china umbrella stand, cutting the tendons of the extensor muscles of the left forearm. He saw the patient two weeks afterward, when the wound was almost healed, and there was extensor paralysis involving the third and fourth fingers, only the last two joints moving through the action of the interossei. About four weeks ago Dr. Lange made a longitudinal incision, and found that three of the extensor tendons had been divided, namely, those belonging to the third and fourth fingers, and to the index finger. The extensor indicis proprius was not injured, for the action of the index existed. The divided tendons of

the extensors were separated to a distance of almost one inch and a half. They were brought together and sutured with antiseptic silk. The hand was then put in a position of superextension, and an antiseptic dressing applied. The sutures were removed at the end of one week. The result was that the movements of the fingers could already be quite satisfactorily performed, and it was probable that improvement would still continue.—*N. Y. Med. Jour.*

ACUTE SCOLIOSIS.

The following case of acute lateral curvature of the spine is related by Professor Desprès in *L'Union Médicale*, No. 54, 1883, as confirmatory of the theory of Duchenne of Boulogne concerning the nature of this affection. A young woman, twenty years of age, was attacked with typhoid fever of mild type, not accompanied by any grave cerebral symptoms, and from which she recovered in about three weeks. During convalescence her husband noticed that she did not stand as straight as before. The deviation increased gradually, without causing any pain, until she was finally led to consult M. Desprès. Examination showed a lateral curvature of the spine in the dorsal region with convexity to the left. The lumbar spine was normal, as the affection was of too recent date to permit of the formation of a compensatory curve in this region. The condition present was declared by the author to be *atrophie des spirales lombaires* on the left side. The atrophy had undoubtedly followed the typhoid fever, as it is known that muscular degeneration occurs in the course of this malady. The results of treatment were most happy, a very great amelioration being observed after only eight days. The treatment consisted in faradization of the weakened muscles over the convexity of the curvature, repeated every day, in exercises, and in slight mechanical support. The gymnastic treatment consisted simply in trapeze exercises, or raising the body from the ground by the arms. M. Desprès does not regard apparatus as of any therapeutical value in this condition, but uses it merely as a support to be worn in the intervals of active faradic and gymnastic treatment.—*Med. Record.*

SARCOMA OF THE INFERIOR MAXILLA.

Prof. ANDREA CECCHERELLI reports the following interesting case occurring in the surgical clinic of the Royal University of Parma. S. C., æt. 17, peasant, of robust physique, well formed, no bad history. Parents always healthy. At the age of ten years he noticed a small induration about the middle of the right half of the inferior maxilla. It commenced spontaneously, and caused no pain even after prolonged examination, and though it kept on growing, the patient had not thought that it could be removed. He entered the clinic on December 3, 1882, at which time the tumor was of very large size. The swelling commenced at the mental symphysis, extended along the whole body of the bone, and about a third of the distance up the ramus. The mass was hard, resistant, smooth, and immovable. It was so large that the patient could only open and close his jaws with great difficulty. The mucous membrane of the mouth was sound and freely movable over the tumor, but very much distended. The diagnosis of central osteo-sarcoma of the inferior maxilla was made. On Dec. 5th, Ballini's operation was performed, the bone being resected at the symphysis and disarticulated. Cicatrization proceeded normally and without a bad symptom until about the end of December, when the part began to have a suspicious look.

It was noticed at the time of the operation that the parotid gland was unnaturally firm. This firmness increased so rapidly that it was found necessary on January 11th to extirpate the right parotid, submaxillary, and some cervical glands. The patient left the clinic, cured, on February 20th.

In the same article Ceccherelli reports a case of resection of the inferior maxilla for epithelioma, the external method being used in this case also.

The patient entered the Hospital on Dec. 4, 1882, and was discharged on January 11th. No recurrence up to date. In both cases the diagnosis was confirmed by microscopic examination of the tumors.—*Lo Sperimentale.—Med. News.*

REMOVAL OF A MAXILLARY TUMOR BY MEANS OF THE DENTAL ENGINE.

Mr. F. A. NIXON successfully removed an osseous tumor of the upper jaw by means of this instrument last Saturday in Mercer's Hospital. (*British Medical Journal.*) The patient was a young country girl, and the tumor, which caused considerable deformity, extended upward to the floor of the orbit and backward to the pterygo-maxillary fosse. A great and important advantage in the operation, as performed by Mr. Nixon, was that the small circular steel saws used were employed from the mouth, no incision having been made in the cheek, and an unsightly cicatrix consequently avoided. The operation occupied one hour and ten minutes in performance. No difficulty was met with in using the saws, which, being so small in diameter, one-quarter and one-half inch respectively, were readily worked in a limited space, and could be guided by touch alone. This, in a difficultly accessible region such as the pterygo-maxillary fosse, is an advantage of no little importance. The patient is progressing favorably.—*Louv. Med. News.*

CANCEROUS ULCERS.—HYPOSULPHITE OF SODA.

Dr. W. E. BUCK writes:—"Most practitioners must have often realized the inefficiency of disinfectants in allaying the fetor of cancerous ulcers, an annoyance which sometimes troubles patients even more than the pain, or the thought of death. I have used the whole round of disinfectants for cancerous ulcers, but all have failed in allaying the fetor, and keeping the ulcer clean. The disinfectants tried were carbolic acid, sanitas, terebene, resorcin, creasote, boroglyceride, chloride of zinc, charcoal, &c. After failure with these, I tried a saturated solution of hyposulphite of soda added to an equal quantity of water, and found it exceedingly efficacious. The ulcerating surface was well syringed and washed with the solution, and was then covered with rags steeped in the solution. The granulations were kept clean, and the fetor was well kept under. Most disinfectants seem to lose their virtue after a few days' application, but I have used this one for months on the same patient with continuous good effects. It is cleanly, has no smell, does not stain, and is very cheap.—*British Med. Jour.—Can. Med. and Surg. Jour.*

RESPIRATORY ORGANS.

PULMONARY SURGERY.

KOCH remarks that nine years have passed since he brought forward a method of procedure by means of which certain portions of lung tissue, even whole lobes, could be converted into fibrous tissue. He used then a concentrated solution of potassium iodide, but observed that the same end was attainable by means of the galvano-cautery. He pointed out finally that since November, 1873, he had found a considerable number of cases in which the first or milder treatment had been put in actual operation. By means of parenchymatous injections, pure iodine tincture had been introduced into portions of lung where tubercular degeneration had been demonstrated either by physical diagnosis or aspiration. His second plan was to destroy with

the galvano-cautery those truly circumscribed tuberculoses of the apex, and especially to treat by these means those processes in the lungs which develop independently of specific infection. After relating two cases in which he had used the galvano-cautery in Prof. Leyden's clinic, in Berlin, he gives the indications for, and the method of employing, the galvano-cautery in the destruction of portions of lung tissue. (1.) In acute gangrene developing from saccular bronchiectases. If a cavity is found during the operation it must be laid open by a more or less capacious passage through the lung tissue, drained and irrigated. When a number of small bronchiectases inter-communicate, they must be converted into one large cavity, and treated in the same manner. (2.) If acute pulmonary gangrene be present, with (as after bullet wounds of the lung) dead and putrid tissue, surrounded by œdematous, hepatized parenchyma, cauterization of the necrotic area, must be freely performed, whilst at the same time a fistula is set up. (3.) A funnel-shaped opening through lung tissue is indicated when a foreign body in a bronchus is not expelled by the natural means, and is given rise to extensive secondary changes. Koch regards excision of portions of lung unfavorably. In pulmonary prolapse resection is an *operation de luxe*, for we know that such prolapses soon shrivel of themselves; whilst, on the other hand, it is our duty by immediate reposition of the prolapsed portion to prevent any curtailment of the respiratory area. In cases of bullet wounds of the lung, Koch would resect the ribs and draw the root of the lung forward for inspection. Hæmorrhage being arrested, the lung is to be replaced and the pleural sac drained under antiseptic dressing.—*Edin. Med. Jour.*—*Can. Med. and Surg. Jour.*

FRACTURE OF THE LARYNX BY DIRECT VIOLENCE.

JAMES OLIVER, M.B., reports the autopsy of an interesting case of fracture of the larynx by direct violence,—an accident of infrequent occurrence, and one which from a medico-legal point of view is of great interest. The thyroid cartilage in its normal state is of such a structure that interference with its continuity can only result under very untoward circumstances. Like other structures of a similar nature in the human frame, however, the laryngeal cartilages are liable in advanced life to become the seat of ossific deposit, and then to be more easily fractured. The injury in my case had evidently resulted from the free use of a piece of wooden rail. The post-mortem appearances were in every respect those of death by suffocation, and need no mention. The larynx, with the pharynx, tongue, etc., was removed *en masse*, and examined. The thyroid cartilage, more especially the right half of it, was broken up into many pieces, one of which hung free in the lumen of the tube, evidencing great violence. Ossific change was very extensive. Corresponding with the inferior border of the body of the lower maxilla was a wound, incised in appearance, running from the middle line outward to the left, and extending for about three inches. The wound was gaping, and exposed the bone for about an inch and a half. The left extremity of this wound was deeper than the right, and running from it was a smaller one, half an inch in length, directed toward the left angle of the mouth, and almost at right angles to the large wound. The junction of the two wounds had a thready appearance; they were apparently caused by a blow against the hard bone underlying. A small linear abrasion, about a quarter of an inch in width, could be detected on the skin over the prominent part of the thyroid cartilage, which corresponded closely with others very similar, but much more extensive, on the scalp. The facts taken together all pointed to fracture by direct violence. Throttling is the more usual cause of fracture of the larynx; but when death results in this way the assailant usually maintains his grasp of the neck till the victim shows no sign of life, should circumstances permit of such. We must not, therefore, when this is the cause of death, expect to find ecchymosed spots over the larynx; for the blood being pressed out leaves parchment-like marks of a contused appearance, to which the blood never returns.—*Lancet.*—*Med. Times.*

EXTIRPATION OF THE LARYNX.

We take the following from the *Med. Times and Gazette*:—

We learn from the May number of the *Indian Medical Gazette* that the Hindoo, whose larynx Surgeon-Major Dr. Macleod extirpated in December on account of a growth which filled up the rima glottidis, is progressing very favorably. The power of swallowing has been restored by winding a narrow rubber bandage round the neck, which supplements the deficient wall, aids by its elasticity the transmission of the food, and prevents the escape of this by pressing firmly on the edges of the aperture. Another apparatus constructed of vulcanite plugs the aperture, the food being passed through a hollow scooped out of the inner aspect of the plug. Feeding is accomplished partly by these apparatus. and partly by a soft catheter passed into the oesophagus and connected with a tin funnel and India-rubber valve. The restoration of the voice was a less easy matter, but after various methods had been tried, a pipe containing a reed was inserted into the roof of the tracheotomy-tube, and with this the voice and vocal articulation was restored; Mr. Woods adapted this to a vulcanite shield, which prevented the escape of air. The tracheotomy-tube served when unclosed for breathing and discharge of phlegm; and when its outer surface was stopped, the air passed through the vertical tube into the oral cavity, and voice was easily produced. The advantages of this arrangement are:

1. That sound is produced without much effort.
2. Its great simplicity and the ease with which it can be placed in position.
3. That breathing can be accomplished with great ease.
4. That the reed is not apt to become clogged with mucus.

Different sizes of reed, producing different pitches of voice, can easily be placed in the tube.—*Med. and Surg. Rep.*, Oct. 13.

THORACIC FISTULA.

Dr. BONILLY presented a patient to the Société de Chirurgie, in whom a pleurisy terminated by a spontaneous rupture of the thoracic wall, leaving a fistula which would not close despite all the means employed. M. Bonilly tried resection of the ribs to obtain a flattening of the thoracic walls and efface the pleural cavity (Estlander's operation). He resected a portion of the sixth and seventh ribs of the left side. The result was the gradual flattening of the thoracic wall and the obliteration of the pleural cavity. Operated August 29, 1882; the patient was cured December 23 following.—*Med. Rev.*, Sept. 15.

THE DANGER OF OPERATING FOR HYDROPNEUMOTHORAX IN PHTHISICAL PATIENTS.

At the meeting of the Hamburg Medical Society in October, 1882 (*Deutsche Med. Woch.*) Herr Bülau represented the danger of operating in cases of hydropneumothorax in phthisical patients. He considers that the pressure of the fluid in the pleural cavity prevents the advance of tuberculous processes in the lungs, and that they go on increasing rapidly when the pressure is suddenly removed.

In the discussion which followed at the next meeting in November Herr Curschmann recommended operative interference when the presence of air or fluid in the pleura became too great, especially in cases where a valvular opening had existed into a bronchus.—*London Med. Record.*—*Cin. Lan. and Clin.*, Sept. 8.

PURULENT PLEURAL EFFUSIONS.

According to Dr. WILSON, at the Medical Society of Pennsylvania, the treatment of patients suffering from collections of fluid in the pleural cavity, is capable of exceeding favorable results which tend to diminish human suf-

fering and prolong life. The physical signs of such effusions relate, first, to the actual condition of the lung, and, second, to the relative displacement of that organ by pressure. These inflammatory fluid exudations are first fibrinous, and second purulent. The hypodermic needle is generally used for the exploratory puncture, but Dr. Wilson prefers the aspirator. In adults after aspirating the pus rapidly reaccumulates. A thoracic fistula should be established as soon as possible. The dangers to life are many: the patient may perish from exhaustion, or from heart-clot, the lung may not expand, necrosis may occur, or gangrene of the lungs or tuberculosis supervene. The real dangers attending the operation are puncture of the lungs and collapse. A preliminary withdrawal of a portion of the pus should be made by aspiration. Morphia, and other stimulants may be given prior to the operation, and salts of ammonia should be administered internally during the treatment. There should only be one puncture made; the external air need not be excluded; a short needle, not exceeding two inches in length, should be used for the puncture, and the cavity should be washed out by means of a ball syringe, and a system of soft-rubber tubing once or twice a day. Of five cases treated in this way, three fully recovered, one died of heart-clot, and one is at present under treatment. Dr. Wilson introduced a young man to show the position of the drainage-tube in the body.—*Med. Record*.

DEFLECTION OF THE NASAL SEPTUM.

Dr. JOHN N. MACKENZIE, of Baltimore, Md., read a paper at the State Med. Society, Va.:—He believes that a tendency to this condition was frequently inherited. The condition narrows the nasal orifice and increases the pharyngeal opening, and the irritation by reflex action on the vasomotor nerves often causes aural disease. Ozæna is frequently produced from the condition by the air remaining in the nasal cavity imperfectly changed and putrescence invited. He described the present form of modification of replacement of deflected bony septum, which has for the past few years been known as Steel's modification of Adams' operation, and showed that Dr. Bolton, of Richmond, Va., some years before Steel's paper on the subject, described in the identical method in his own practice in an issue of the *Richmond Medical Journal*. Dr. Mackenzie was emphatic in his advice to the members to look closely after the sequelæ which follow the condition named, and stated that it was his invariable rule to begin an examination of the throat and ear with a careful exploration of the nasal passage and retro-nasal space.—*Med. Record*, Sept. 15.

ROUGE'S OPERATION IN CASES OF DISEASE OF THE NASAL FOSSÆ.

Mr. CLEMENT LUCAS (*Lancet*), after some interesting data concerning Rouge's operation and Lawrence's modification of it, reports a case in which it was twice performed by himself on a patient suffering from syphilitic ozæna. The operation was first described by Rouge in 1873 (*Nouvelle méthode pour le traitement chirurgical de l'ozène*), and consists in dissecting up the upper lip and the nose to allow of free access to the nasal fossæ. This is in reality a modification of an operation previously suggested and practiced by Lawrence (*Med. Times and Gaz.*, Nov. 8, 1862), which consists in turning up the nose alone, after separating it from the rest of the face by incisions, commencing externally at the lachrymal sac and extending down to the margin of the alæ, dividing also the cartilages and the septum.

Although some objection has been made to these operations by the few surgeons who have practiced them, on account of the danger of the inhalation of blood, the author thinks well of them both, but particularly of Rouge's, which allows of the free escape of blood anteriorly. The bleeding through the posterior nares, which is an element of danger, he controls by

packing a large sponge, with a string attached, into the upper part of the pharynx. This latter precaution also prevents the patient from expelling blood and foul discharges into the face of the operator. The operation is particularly indicated for the removal of polypi and necrosed bone, and may even be undertaken as an exploratory procedure in cases of doubtful nature. *N. Y. Med. Jour.*

CIRCULATORY ORGANS.

WOUNDS OF THE HEART.

Dr. RENAULT (*Journal de Médecine et de Chirurgie Pratiques*), reports the case of a soldier who was stabbed with a butcher-knife in the sternal region, the weapon entering the pericardium and penetrating into the right ventricle and nearly through the interventricular septum. The patient survived the wound one hour. On autopsy the heart was found to be exsanguinated and strongly retracted. The pericardium was full of clots, and the thoracic cavity contained six and a half ounces of blood. It is not improbable that had the procedure suggested by Block (*Gazette Médicale de Strasbourg*) been adopted in this case, the patient might have recovered, since he died from dyspnoea and was very well nourished.—*Gaillard's Med. Jour.*

PERICARDIAL EFFUSIONS.

Last year PARTZEWSKY brought before the Moscow Medical Society (*Lond. Med. Rec.*) a case of pericardial effusion treated by repeated tapping, and finally by incision of the pericardial sac and subsequent drainage. The author discusses the operative treatment of pericardial effusions, and sums up his views thus: 1. In a vast majority of cases puncture, aspiration or even incision and drainage are not attended with danger. 2. Operation brings rapid relief, and its palliative usefulness is not denied by even the opponents of all operative interference. 3. In the absence of such complications as tuberculosis, cancer, organic changes of the heart, etc., the operative treatment of non-purulent pericardial effusions may prove successful in the majority of cases. 4. In cases of purulent pericarditis it is perfectly justifiable to try an early operation in order to prevent dilatation and fatty degeneration, which generally supervene here very rapidly.—*Med. Review.*

PARACENTESIS PERICARDII.

A case of acute pericarditis with effusion, occurred in the Leeds Infirmary, under the care of Dr. Clifford Allbutt, for which paracentesis was performed, about one ounce of bloody serum being removed; recovery took place. The drugs employed in the case were various, and given, with the exception of salicylate of sodium, rather with the idea of combating the tendency to death than with any specific notion, and consequently have not been noted. It may be well to note that blistering was discarded. Among the many points of interest in the case, the following may be specially noted: 1. The rather doubtful rheumatic nature of the case at the commencement, and the failure of salicylate of sodium to relieve. 2. The total absence of all joint affections, assuming it to have been a case of rheumatic fever. 3. A point so difficult to display in the notes, but so obvious to all who saw the case from day to day; the rapidly downward course of the case immediately prior to the aspiration, and the unaided part the operation played in saving life. 4. The comparatively rapid absorption of the effusion after the withdrawal of so small a portion of it.—*Lancet.*—*Med. News.*

CARDIAC VERTIGO AND ANGINA PECTORIS.

Symptomatic, or cardiac vertigo, is an affection which, according to GERMAIN SÉE, is not uncommon in cardiac affections, being more frequent in aortic insufficiency, is so common, in fact, that when vertigo occurs in the course of heart disease we need, as a rule, look no farther for its cause. This fact suggests also that in cases of obstinate and distressing vertigo the heart should always be examined, especially if extreme pallor, a prominent symptom of aortic insufficiency, be present and will not yield to medication. In these cases M. Sée affirms that iron is absolutely indicated, though in many cases, on the contrary, iodide of potassium is indicated and gives excellent results. In these cases there are also observed the characteristic pains of angina pectoris coming on every few months, another prominent, though not constant, symptom of aortic incompetence. The anginous pains should of course be combated by hypodermics of morphine, the administration of chloral, or inhalations of nitrite of amyl during the access, and by bromide of potassium and digitalis, or convallaria, during the intervals.

It is interesting in this connection to notice the conclusions of W. Allen Sturge (*Brain*, October, 1882), regarding the etiology of angina pectoris. Having selected a typical case and minutely detailed each symptom as given by the patient, he concludes that the local attack on the heart is due to an organic modification in the substance of the cardiac muscle itself, or some change in the heart acting on the terminal filaments of the cardiac nerves; a commotion spontaneously developed in the gray substance of the sympathetic ganglia of the cardiac plexus, this being transmitted to the spinal cord and brain; a commotion spontaneously developed in the cervical sympathetic ganglia, which give off branches to the cardiac plexus, or in the ganglia of the vagus; a spontaneous commotion in the part of the gray substance of the cerebrum, which may receive impulses coming from above and below; a spontaneous commotion in the parts of the gray substance of the cord in communication with these ganglia by means of bands of nervous substance passing from the cord to the great sympathetic.

Of course a great number of observations are necessary in order to place these scarcely more than theoretical causes on the sound footing of etiological fact. This is recognized by the author, but he is of the opinion—in which most authorities concur—that in the greater number of cases of angina pectoris associated with organic lesions of the heart or great vessels, the primary irritation probably takes place at the periphery of the cardiac nerves. Dr. Sturge admits, however, that there are cases of angina pectoris which are due to spontaneous lesions of the nerve-centres. Trousseau long ago pointed out the relation between angina pectoris and epilepsy. The paper, though far from conclusive, as the author admits, gives evidence of careful observation, and is an important contribution to our knowledge of this affection.—*Med. Record*, Sept. 22.

 ASPIRATION OF A SEROUS FLUID IN THE PERICARDIUM.—
RECOVERY.

A boy twelve years of age suffered first from acute rheumatism. After two weeks, pericarditis set in, and suddenly the patient became asphyctic, the veins of the thorax being overfilled, and the action of the heart very irregular. An aspirator needle was inserted three cm. from the sternum, into the second intercostal space, and then, no effect resulting, into the third intercostal space. One hundred grms. of a serous fluid were aspirated, and the patient recovered quickly.—*Cor. Blatt. f. Schweizer Aertze*.—*Indo't Pract.*

 ENTRANCE OF AIR INTO VEINS DURING SURGICAL OPERATIONS.

Mr. FRED. TREVES, in the *Brit. Med. Jour.* in an interesting paper gives a short account of this untoward accident and details a plan of treatment

adopted by him and successfully carried out in two cases. The accident is greatly to be dreaded. It occurs most frequently if not altogether in the veins of the neck and axilla, and is caused by the aspiratory movements of the thorax, acting upon a vein partially divided. For the accident to occur it is necessary for the mouth of the vein to be held open either by being partially divided or from inflammatory adhesions, or from being included in the substance of a tumour, or from peculiar relations to normal structures as in the axillary vein to the costo-coracoid membrane or in the relations of the jugular veins to the cervical fascia. The entrance of air is accompanied by a hissing noise and sudden terror, severe dyspnoea, failure and irregularity of the pulse and collapse. About two-thirds of the cases die in a few hours or days. Some cases, however, recover. The fatal result appears to be due to the rapidity of the entrance of the air rather than to its amount. Death is caused by arrest of the pulmonary circulation, the mixture of blood and air preventing the functioning of the tricuspid and pulmonary valves. Mr. Treves founds his treatment upon the observation of the fact that the accident occurs in what may be termed dry wounds. He has an attendant ready with a sponge full of water, which is squeezed into the wound immediately upon hearing the hissing noise. Then during the next expiratory effort forcible pressure is brought to bear upon the thorax, expressing the air as much as possible. When all the air has been forced out, the wounded vein is to be seized and either entirely divided or ligatured, always during the movements of expiration. He gives two cases in which he thus treated successfully this serious complication. The first was a child in whom tracheotomy was performed; immediately after the wound was sponged out, a hissing noise was heard and the child became collapsed and to all appearance dead. The wound was at once filled with water, and forcible pressure made upon the thorax during the expiratory movements. The vein and structures were then seized with forceps and divided completely. The child recovered. The second case was in a man aged fifty. The common carotid was about to be ligatured. The neck was short, thick and fat. Before the ligature was applied a hissing noise was heard, the wound was at once filled with water; the thorax during the next expiratory movement was forcibly compressed. The vein was then seized and clamped. No further trouble ensued. The patient in each case was anæsthetised.—*Can. Pract.*, Oct.

ARREST OF HEMORRHAGE BY MEANS OF SURGICAL NEEDLES AND SILK LIGATURE.

H. OTIS HYATT, M. D., Kingston. N. C., writes:—With me it has for the last several years been a consideration to use as few instruments as possible. The various uses to which a single instrument can be put often enables a surgeon to dispense with quite a number of special ones, and if the experience of other country surgeons is similar to my own, one is saved the frequent vexatious annoyance of having the assistants hand the wrong instrument, which is almost certain to happen when one is most in a hurry, unless the assistants are extra well posted in the names of the legion of modern surgical appliances.

Before commencing an operation, if bleeding from small vessels is anticipated, I always thread a number of straight and curved needles with five or six inches of silk ligature, and lay them aside for use. As soon as hemorrhage becomes troublesome, an appropriate needle is selected, and being seized with a pair of Nicol's needle-holding forceps, the point is passed down and under the bleeding vessel, and brought out at a point opposite the point of entrance. The silk ligature is then passed by two or three figure-of-eight turns around both ends of the needle sufficiently tight to compress the bleeding vessel, and, at the last turn, the thread is pulled tightly under the end of the needle, and allowed to hang loose. When completing the dressing of the wound, the thread is unwound and needle withdrawn; if necessary, the artery can then be ligated or twisted.—*Med. News*, Sept. 15.

LIGATURE OF ARTERIES.

Dr. JOHN H. PACKARD, before the American Surgical Association referring to the ligation of arteries, opposed the common opinion that an artery must be exposed to view before being tied, except with regard to certain vessels, such as the subclavian and axillary, where a ligature might be placed upon the brachial plexus by mistake, but where the vessel can be easily isolated complete exposure to view is unnecessary. He exhibited an instrument for use in passing a ligature, which he calls a detached artery needle—simply a blunt needle, somewhat sharply curved and roughened near its blunt point, so as to afford ready hold to a pair of forceps.—*Med. Times.*

ANEURISM OF ABDOMINAL AORTA.

Clinic of Prof. WILLIAM H. DRAPER, New York Hospital:—The patient is 37 years old. His occupation is a bar-tender. Is married. His father was always well, and died of old age two years ago. His mother was also healthy. He has not been a hard drinker, though he would sometimes have a spree for a day or two at a time, and then would stop drinking for a month or two. He was never sick before, except that he had bilious fever for three days, and he had an attack of rheumatism five years ago, but was not laid up with it. He has also had syphilis. He was first taken sick with his present trouble a year ago, in the middle of September. He first experienced a pain in the back at night. Two months later this pain was so intense that he could not sleep, though he continued his work during the day without any pain. By the third month the pain became very troublesome in the day-time also, and he has never had a single hour's sound sleep since then.

The important symptom in this case is the presence of pain at the beginning, middle, and end of his illness. This pain seems to start from his back, and extends around in front of his abdomen on both sides, forming a sort of girdle. This shows that it has a central origin in the spinal cord, and it is due to pressure in such a position as to produce irritation on the nerves issuing from both sides of the spinal canal.

Inspection.—There is nothing of especial interest to be seen unless it be a few white spots on the abdomen, which he says were due to the pox, and an almost imperceptible tumor on the left side of the epigastric region.

Palpation.—A well-marked epigastric pulsation is felt just below and to the left of the ensiform cartilage of the sternum.

Percussion.—This reveals nothing of special note. A systematic percussion of the abdominal cavity should begin by defining its margins; by percussing first over the chest, and noticing the change from the pulmonary resonance to dullness as the borders of the abdominal organs are reached. Sometimes the colon passes up higher than usual, and lies between the anterior margin of the liver and the chest wall, and so we will get tympanitic resonance instead of normal liver dullness here.

Auscultation.—A loud and distinct blowing murmur is heard over the point where the pulsation was felt, and can only be due to an abdominal aneurism. Here we see the diagnosis must be made from one important subjective sign, pain, which is confirmed by the objective signs of a pulsation and murmur.

The most important cause of a bilateral pain forming a girdle around the body is Pott's disease, and the next in importance is abdominal aneurism, and the diagnosis must be made between these.

In abdominal aneurism, pain is invariable, and a very important subjective symptom. Of course, abdominal pain is quite common in itself, but in this disease it is peculiar in being of a boring character, and apparently located in the spine, and radiating toward the front of the body.

Another point with regard to the pulsation in the epigastrium as an important objective phenomenon. An abdominal pulsation in the aorta is not confined to aneurism, but is common in sickly, feeble, and thin persons, and

in those who are very anæmic, and in whom the aorta is easily felt by compressing the thin, flaccid abdominal walls. And mistakes have been made in supposing that this pulsation indicated the presence of an aneurismal tumor, when it was due to nothing more than an imperfectly filled artery in an anæmic and thin person. The characteristic feature of an aneurismal pulsation is that it imparts a lifting and a lateral sensation to the finger, when pushed down close to the body of the vertebra.

Nevertheless it is somewhat difficult to make out the true significance of such a pulsation, and to determine whether it is due to an aneurismal or some other variety of tumor, and whether the tumor is not an independent growth, which, merely overlying the artery, imparts a transmitted pulsation to the finger. But when in addition you get a distinct bruit as in this case, it is hardly possible to mistake the diagnosis. Yet you do sometimes get this in anæmia also. So here is a source of fallacy which must be guarded against. For we may both hear a murmur and feel an abdominal pulsation, and yet there may be no aneurism. We have therefore got to consider the pain, the bruit, and the pulsation altogether, as co-existing phenomena which indicate only aneurism.

One other point is brought out in the history of this patient, which bears as well on all the cases which appear in this clinic. That is the history of syphilis. Every year I am more and more struck with the observation that syphilis is one of the commonest causes of degeneration in the walls of the blood-vessels. A large proportion of the patients with aneurism who come to the hospital have a distinct history of syphilis. So this is a very valuable point in making the diagnosis.

Treatment.—It is of course impossible to tie the aorta for abdominal aneurism, as has been suggested, and so surgical procedures cannot be considered in this case. The medical treatment is a large subject, and I will not take the time to consider it now. There is not much to do for this man except to make him as comfortable as possible and to relieve his pains, and so he is receiving all the opium needed for this.—*Med. and Surg. Rep.*

LARGE NÆVI.—THERMO-CAUTERY.

In the section of surgery at the annual meeting of the British Medical Association, Edward Owen read a paper on the treatment of large nævi. While admitting that often times large nævi can be best removed by the aid of the scalpel and forceps, he claimed there are certain locations in which such a mode of attack is not practicable. In such cases he recommends the thermo-cautery of Paquelin. He thus describes in the *British Medical Journal* his mode of procedure: Having been heated to a dull redness, the blade is thrust through the skin in as many places as may be considered necessary, and the point directed to all the regions of the vascular mass; central, deep and peripheral; each district must be searched out and invaded. The skin punctures should be made well within the limits of the tumor, as the effects of the cautery necessarily extend beyond the limit of the tissues actually traversed. By the slow and cautious withdrawal of the blade, the small eschars are permitted to remain, sealing the wounded vessels, and thus not a drop of blood need be lost. A few black sinuses, surrounded by a ring of skin which has been reddened by the scorching, remain after the operation, and the tumor is found smaller and firm from coagulation having taken place throughout the entire mass. Oiled lint may be used as a dressing. For the next few days the part looks angry and swollen, and is evidently painful. Then a slight amount of sloughing takes place, and, in a few days more, some small clean ulcers mark the dwindling mass. The ulcers heal, and cicatricial contraction, taking place throughout the entire mass, determines the process of shriveling. The integument does not perish, except where wounded; but it loses its old purple staining, from the obliteration of the vessels which formerly brought to it the unsightly injection. It is unnecessary here to particularize the various situations in which one has thus destroyed nævi; but I may

perhaps remark that the most unequivocal successes have been obtained with those tumors which occupied the entire substance of the lip (of which there were several examples); in these, by attacking the tissues deeply from the dental surfaces, one was enabled to reach their dermal limit without implicating the skin in the least. And, whereas the lip had previously protruded greatly, the subsequent cicatrization of the mucous membrane brought it into the natural position. A flat bleeding nævus, which occupied almost the entire extent of the mucous lining of the cheek of a grown girl, was treated in much the same manner, and was obliterated in a single operation; indeed, I am at a loss to know by what other means such a nævus could have been effectually dealt with.

In the discussion which followed Mr. Thomas Darby said that he had seen "raspberry marks" successfully treated, without leaving a scar, by hypodermic injections of absolute alcohol.

Mr. Silcock often practised an old and now almost obsolete method of treatment in the case of capillary nævi, viz.: painting them with collodion; a natural cure was thus often brought about. Mr. F. J. Bailey said that smaller nævi had been very successfully treated by vaccination. Since the introduction of ethylate of sodium, he had used it rather extensively in the smaller nævi with great success; in some of the larger nævi, he had seen good results follow the use of the perchloride of iron.—*Can. M. and S. Jour.*, Sept.

GOITRE.—ARSENICAL INJECTIONS.

Dr. GRUNMACH, of Berlin, has employed an arsenical injection into the parenchyma of the enlarged thyroid body in more than one hundred cases. The injection consisted of one part liquor potassæ arsenitas to three of water. This solution was made use of two or three times a week. The average total number of sittings was ten to fifteen. The evil effects sometimes seen after the use of iodine never once occurred with this arsenical preparation. The effect was to diminish the tumor, and to remove the obstruction to the breathing supposed to be due to the pressure on the trachea. The general health of the anæmic patients was much improved.—*Med. Times and Gaz.*—*Obst. Gaz.*

ALIMENTARY ORGANS.

PAPILLOMATA OF LIP.

Clinic of J. M. BARTON, M. D., Jefferson Medical College Hospital:—This little girl is twelve years of age. She is brought here on account of a small tumor, which has existed for one year, on the inner surface of the lip, in front of the right inferior canine tooth. It is about the size of a hazel nut, its surface is rough and irregular, it is quite soft, bleeds easily, and is slightly pedunculated. It is mucous papilloma; its characteristics are so marked that it can hardly be confounded with any other growth apt to occur in this situation.

This is easily removed; it can be cut off with the scissors or knife, and the base cauterized; but preferably, as I do here, by passing a double ligature through the base of the growth with a needle, and after tying it firmly, cutting off the growth with the scissors. By thus removing the base, the probability of a return is much decreased. These growths may be regarded as the "missing link" between the products of inflammation and true tumors; they are strictly local, are of rapid growth, have a strong tendency to return if not fully removed, but are not apt to destroy life unless they first undergo malignant degeneration, or interfere mechanically with important functions, as when they grow on the vocal cords and interfere with respiration.

Growths of this kind often appear on the skin, caused by hypertrophy of the cutaneous papilla (warts on the hand being an illustration of this variety), or they may appear on a mucous surface and form a mucous papillomata; the difference between these two growths is only in the amount of epithelium covering the enlarged papilla. This epithelium covering and dipping down between the papilla, may also proliferate and cause the growth to become a true epithelioma; or the papillomata itself may undergo sarcomatous degeneration; these malignant degenerations are not very common, though I have seen them; the probability of their occurring is much influenced by the age of the patient and the situation of the growth.—*Col. and Ulin. Record.*

PLASTIC OPERATIONS ABOUT THE MOUTH.—TRIPPIER'S MUCOUS FLAP.

Prof. LEON TRIPPIER, who occupies the chair of surgery at Lyons which has been rendered famous by Ollier, Bonnet, and others, has recently proposed and adopted a novel idea for obtaining a more perfect lip in plastic operations about the mouth which is applicable not only to plastic operations on the lower lip, but to those on the upper lip also, and to those involving the angles of the mouth.

A flap of mucous membrane in the form of a bridge is carefully raised, leaving both ends attached, and the anterior border is sutured thoroughly, the posterior only loosely, so as merely to prevent any curling up of the elastic mucous flap. The breath of the attached bases ensures plentiful blood-supply or is intended to do so, and there should be very little torsion or tension.

When the proceeding is applied to the lower lip, the mucous flap is not attempted until the skin flaps have been cut. Care must be taken to avoid using the mucous membrane covering the gums, as it is poorly supplied with blood, and either sloughs readily or shrinks up. Toward the angles of the mouth a considerable thickness can be obtained, but at the middle line of the lip the coronary arteries lie very superficially, and only a thin and narrow strip can often be left, which in one of the cases reported (No. 1) soon disappeared, and thus the result was no more satisfactory than if no mucous membrane had been preserved at this point. The mucous flap should be, if possible, enough to cover completely the bleeding surface of the free border of the new lip; and it must be specially borne in mind that the elastic character of the mucous membrane renders it very liable to contract, even to the extent of half its width. Prof. Trippier recommends the use of a narrow bistoury for transfixion of the flap after the limits of it have been incised, but does not negative the use of scissors for the purpose, though these are slower in their work. The flap having been thus detached after the skin-flaps have been prepared for its application, it is carefully attended to by an assistant, and the hemorrhage, which is always considerable, is arrested. The flap is then adjusted, and its anterior border sutured by fine wire to the outer border of the new lip. The posterior border is only slightly held in position. The catgut he objects on account of the uncertain manner in which it acts, according to its newness or mode of preparation. Silk he does not mention.

The dressing of the wound preferred by Prof. Trippier depends upon the case. For simple cases he uses boracic lint covered with boracic ointment; for more complicated cases, where the parts do not come well together, he uses iodoform gauze, sometimes the adherent kind, which prevents the parts from being displaced, sometimes the non-adherent kind, to allow better drainage; but this dressing must be fixed, even if one have to transfix both dressing and lip with a catgut suture. In some cases it may be necessary to feed the patient for some time with a tube passed by either the mouth or the nose.

Before commencing any operation for cancer of the lip, he removes any glands which can be felt as suspiciously enlarged, and for this purpose he first transfixes them with a tenaculum, and, when they are exposed, seizes them with vulsellum forceps, as they readily escape, and important neighboring structures are thus better protected.—*Cin. Lan. and Clin., Sept. 8.*

REMOVAL OF A "CAVERNOUS ANGIOMA" OF THE TONGUE.

In the August number of the *Practitioner* Mr. HENRY W. FREEMAN relates a case of this sort, and adds the following remarks:

Mr. Morratt Baker's method of slitting the tongue through the middle from apex to base with a straight probe-pointed bistoury and cutting through half the base with the wire-rope *écraseur* when the *whole* of one-half of the organ is involved, answers excellently well; but, seeing that more than an inch of the front of the tongue was here free from disease, we determined upon a modified procedure, the result being that the balance of the tongue was well maintained by preserving its tip with the attachments to the floor of the mouth, and articulation and swallowing were not materially interfered with.

The lingual artery normally runs an oblique course from its origin to its termination. It is very tortuous, and has very few anastomoses, and does not enter the inferior surface of the tongue at its extreme base; and I venture to presume that—with the cheek well retracted or, if needs be you require more room, dividing the cheek horizontally from the angle of the mouth backward—you can, with a curved needle, transfix one-half of the tongue in front of the foramen cæcum, and with the wire rope cut through transversely without dividing the main trunk of the lingual. The dorsal branch of this artery seems to supply the root and the circumvallate papillæ. It is well to remark here how friable the tongue-structure seems to be when cut through at a right angle to its long axis, the rope passing through when the slightest tightening was made by the *écraseur* screw. It cuts through as easily as liver.

In order to secure a good operation, the wire rope requires to be made of the softest and most pliable material. Sir James Paget has recommended the use of strong whip-cord, and it is preferable to the stiff, unmanageable rope usually supplied with the *écraseur*. We secured from Krohne and Sesemann for this case a steel rope, finely manufactured with material of the most malleable description. It was as pliable as whip-cord, and I have recently used it with Gooch's cannula in ligaturing an intra-uterine, tumor, and found it quite as manageable.

In administering anæsthetics in excisions of the tongue it seems all-important that the anæsthesia should *not* be profound. I hold that partial insensibility is only admissible. I have seen more than one fatal case during removal of the tongue, the patient being profoundly insensible. If there be much or little bleeding, mop as much as you may, some blood trickles backward and little pools accumulate in the glosso-epiglottidean pouches and flow over into the larynx, and the epiglottis, being held erect by the drawing forward of the tongue, can not divert its course. The patient would cough up the blood if only *partially* under the anæsthetic, and this course was rigidly carried out in the present case."—*N. Y. Med. Jour.*, Sept. 1.

ADHESION OF THE TONGUE TO THE FLOOR OF THE MOUTH.

M. DUPLONG communicates this case to the Société de Chirurgie de Paris, which is reported in its Bulletins and Memoirs, July 5, 1883, for the purpose of eliciting discussion as to the best means of relieving the affection. It occurs in a child aged two and a half months; the parents have no vices of conformation, but the grandmother had an ectromelia of the right hand, which is reproduced in this child; also a difficulty in speaking, the cause of which was not made clear. The child presented a pitiful appearance, with a very notable disproportion between the superior and inferior maxillæ, while the lips and superior maxillary were well formed; the inferior maxillary had undergone an arrest of development. That portion of the inferior maxillary bone which corresponds to the incisor teeth was less elevated than at the sides; the soft parts of the upper hyoid region are less thick than in other children of the same age, and the tongue, adherent throughout its deep surface to the floor of the mouth, is very much diminished in size toward its point; it is continuous anteriorly with the gingival mucous membrane which

covers the incisive portion of the bone, so that there is no appreciable line of separation. Outward and backward from this point a deep furrow is plainly seen bordered by the lateral portions of the tongue. The finger placed over what should be the tongue feels a marked diminution in size of the anterior third of the organ, which is there reduced to a simple membrane, while posteriorly it preserves a thickness which should be sufficient assurance of its functions were it liberated from its attachments. It is felt contracting during the efforts at deglutition, and the lateral portions in the posterior, two-thirds of the tongue thus show that they are provided with a muscular texture; but it is very difficult to know exactly if, toward the middle of the tongue, the coalescence with the floor of the mouth is absolute. In the efforts at sucking the whole of the supra-hyoid region raises itself and suction becomes impossible. The child can only be nourished by means of the spoon, and its alimentation is curiously interfered with by the suffocation produced during deglutition.

As to the ectromelia of the right hand, inherited from the grandmother, it consists in an atrophy of the thumb, in the absence of two phalanges of the index, the absence of the medius, and the reduction of the ring finger to two phalanges; the little finger alone it perfect.

M. Duplong proposes to attempt to relieve this condition by using the thermo-cautery cautiously and separating the parts with the spatula or finger. In the discussion which ensued it was thought that unless a mucous covering was provided for the liberated surfaces, there would be a readhesion of the parts, and it was a question as to where that mucous covering should come from. M. Verneuil proposed to take this covering from the upper surface of the tongue, laying it back over the liberated portions, and, at the same time, piercing the tongue with sutures so as, by drawing on them, to give the tongue a cylindrical shape. M. Mare Sée suggested the taking of the mucous membrane from the inner surface of the cheek in strips, to be left adherent to the cheek until after their cicatrization on the tongue itself.—*Jour. Amer. Med. Ass'n.*

RANULA TREATED BY A PLASTIC OPERATION TO SECURE PERMANENT DRAINAGE.

In a case of large double ranulæ, which constantly refilled, despite incision and partial excision, Dr. T. F. Prewitt finally succeeded in preventing re-accumulation of fluid by plastic procedures, which established permanent openings into the mouth. He clipped away the mucous membrane from a portion of the cyst wall, incised the cyst, and then everted the margins of the incision, which he sutured to the border or stump of mucous membrane surrounding the denuded space. Thus, by the folding outward of the cyst wall, two raw surfaces were placed in apposition, and an opening was left between the cavity of the ranula and the mouth. Both tumors were treated in the same manner. Since the operation the tumors have not refilled, because constant discharge of fluid occurs into the mouth. Previously they rapidly redeveloped after evacuation, and once nearly produced asphyxia.—*Medical News.*

TUMOR OF THE ABDOMEN.

Dr. JACOBI presents a boy four years old whose abdomen had begun to enlarge last September. At the time of presentation there was considerable tympanites. Besides this condition, a rather large and firm tumor could be felt in the right hypogastric region which was scarcely if at all movable. Several smaller nodules could be made out in the neighborhood of the large tumor. Examination per rectum gave a negative result. The functions of the urinary apparatus and of the bowels were normal. There was an area of tympanitic percussion sound between the tumor and the liver, proving that there was no connection between them. There was no history of inflamma-

tion of the peritonæum, and therefore the diagnosis of perityphlitic exudation could be excluded. It was probably a case of multiple lympho-sarcoma.

Dr. Gerster, referring to the difficulty of diagnosis in cases of intra-abdominal tumors, mentioned the case of a woman who had a swelling in the abdominal cavity which an expert diagnostician thought was a sarcoma of the mesentery. When Dr. Gerster examined the patient he found the large intestine full of scybala, which it took weeks to remove. When this had been accomplished the tumor had disappeared.

Dr. Jacobi remarked that the boy presented had never suffered from constipation, and that therefore there could be no suspicion of an accumulation of fæces.—*N. Y. Med. Jour.*, Sept. 29.

UMBILICAL HERNIA OF A PART OF THE STOMACH-WALL.

A boy, thirteen years of age, had a tumor, about the size of a walnut and of a bright red color, at the naval. It was covered with mucous membrane, which secreted, upon being handled, a viscid fluid of acid reaction. The tumor, which was attached to the umbilical ring by a slender pedicle, remained always of the same size and was irreducible. No opening into the interior could be discovered. The mother stated that the cord had been of great thickness, and, near the navel, was funnel-shaped. It was ligated very close to the body. When the end came away the tumor was noticed. There had never been any food or fecal matters discharged from the navel, nor did the secreted mucus ever have a fecal odor. The pedicle was cut through, and the wound rapidly cicatrized. Dr. Tillmanns, who reported the case (*Centralblatt für Chirurgie*), believed it to be an ectopia ventriculi. He stated that the secretion possessed the power to digest fibrin, and further, the microscopical examination of the tumor showed it to be composed of gastric mucous membrane from the neighborhood of the pylorus. The portion of prolapsed stomach was cut off with the umbilical cord, this little piece being at the distal end. The opening into the stomach was closed probably at the time of birth.—*Med. Record*.

OMENTAL TUMOR.

A large omental tumor was removed by Mr. LAMBERT H. ORMSBY (*London Lancet*) by abdominal section, the growth together with the fluid removed weighing seventy-five pounds. The operation was made under the antiseptic spray by the usual median incision as for ovariectomy. When the cavity was opened a large quantity of ascitic fluid escaped and the tumor came into view. It was multilocular, and contained some thick fluid, but the larger portion of its contents consisted of brain-like, semi-solid matter. It was not attached to the ovary or uterus, but seemed to spring from the great omentum. The pedicle was tied with two stout ligatures, and cut off short. The abdominal incision was brought together with catgut and silkworm gut sutures, and dressed with the antiseptic gauze. The patient progressed favorably.—*Med. Review*.

MESENTERIC CYSTS.

Cysts of the mesentery are very rare. Dr. CHAS. CARTER reports one in the *British Medical Journal*, which presented all the symptoms of a unilocular ovarian cyst, and was operated upon under that diagnosis. After the incision was made, and the cyst was found free from adhesions at the front and sides, but to be adherent above, it was tapped and about two gallons of fluid were drawn off. The cyst was drawn out and was found to have no pelvic attachments, but to be firmly attached to the left side of the spine and the lumbar region, and to the coils of small intestine which closely surrounded

its connection with the spinal column. As it was impossible to separate the cyst from its insertion an attempt was made to enucleate it, but this could not be accomplished, and it was decided to cut away as much as possible of the cyst and sew the remainder to the abdominal wall. This was done, drainage tubes introduced into the cavity of the cyst, after thorough cleansing of the peritoneum, and the wound was closed up. The patient did well for the first twenty-four hours, but then the temperature began to rise, and the patient died on the sixth day after the operation.—*Med. Review.*

HÆMATOMA OF THE PANCREAS.

The patient, 40 years of age, had acquired an acute gastritis, by taking a very hearty meal. A few months after, he noticed a tumor growing in the region of the stomach. Examination showed, between the umbilicus and processus xiphoïdes, a tumor which was fluctuating and of the size of two fists. The course of the disease did not indicate a sarcoma or an abscess, but a cystic tumor of the pancreas was most probable. The abdominal walls having been dissected the transverse colon was separated from the stomach and a solid cyst laid bare. To the anterior surface of this cyst the parietal peritoneum was affixed by sutures, and in this procedure a dark ink-colored fluid flowed through a deep suture; 1900 c.c. of a similar fluid were removed, and the walls of the cyst split open. The internal surface was smooth; near the colon were some ragged masses. The cavity was washed out and an antiseptic treatment followed. After the first few days, a bloody serum was discharged and some black masses expelled, but the course of the disease was afebrile. The discharged fluid was recognized as altered blood, showing hemine by chemical analysis, and by the spectrum. After a few days an eczema appeared around the wound such as is seen in fistula of the stomach; and the discharged fluid showed all the characteristics of the pancreatic fluid (digesting albumen, forming leucine and tyrosine, and changing amylum into sugar). The patient has at the present time a fistula 3 cm. long and 4 mm. broad, which is probably a receptaculum for the pancreatic fluid, while the ductus is probably closed. The tumor was a hæmatoma of the pancreas.—*Weiner Med. Woch.—Chicago Med. Jour. and Exam.*

CAUTERIZING ECRASEUR FORCEPS IN HÆMORRHOIDS.

The use of this instrument, which is the invention of Prof. RICHET, is very fully described by Dr. Bazy in *La France Médicale* for August 23. The instrument itself resembles in shape the curling-tongs of the hair-dresser, except that its branches are thicker, and their opposing surfaces are channeled at their free extremity for about three or four cent. In its use, a portion of the hæmorrhoidal mass is drawn out by a tenaculum passed in deeply, and copper wire carried through the base of the part so exposed, thus forming a solid and resisting handle with which to control portions of the tumor. This is continued by two or three more of the copper wires, according to the volume of the tumor, the circumference of the anus being protected by moist compresses. This done, the surgeon draws upon one of the wires, producing a sort of pedicle, which he squeezes between the branches of his heated forceps until they meet. The copper wire remains in his hand, and the hæmorrhoidal mass is but a blackened band as thin as paper. This mode of destroying hæmorrhoids has sometimes been given the name of *volatilization*. The same process is gone through with each of the other wires. When finished, the anus shows alternate radii of cauterized bands between the untouched tissue. Hæmorrhage is always slight, more before than after the operation, and due to the use of the tenaculum and needle. It is readily arrested by the cauterization, which follows on the use of the forceps. The next day the parts present an inflamed, swollen appearance, from the tumefaction of the uncauterized portions, which are slightly painful, but may be

larger than the original mass. But there is no general reaction, and the inflammation is moderate; in exceptional cases it may be controlled by moist, sedative applications. Dr. Bazy has never seen an abscess follow the use of the instrument. In from four to eight days the inflammation subsides completely. The eschar falls off, leaving healthy looking bases, and in three weeks the cure is about complete.

This cauterization destroys the vascular circle of the inferior extremity of the rectum, interrupts its continuity, separates the vascular trunks from the rest of the circulation, and favors obliteration. But the most important result obtained is through the secondary inflammation. This, which is nearly always plastic, produces an adhesive phlebitis, which obliterates the veins, and at the same time causes a peri-phlebitis, which converts the parts not reached by the cautery into a fibrous tissue, in which a relapse is impossible. This tissue, however, is sufficiently extensible to allow of a proper dilatation of the anus during defecation, with sufficient tonicity to close the anal orifice completely. This occlusion has been produced in cases where, before the operation, the habitual protrusion of the hæmorrhoids has relaxed the sphincter so far as to permit of the easy introduction of two or three fingers. —*Jour. Amer. Med. Ass'n, Oct. 6.*

NEW OPERATION FOR PROLAPSUS RECTI.

From *Il Morgagni* we learn that Dr. D'ANTONA has performed with success the operation on a woman: Seizing the prolapse with four pincettes, and forming thus two cylinders of the rectal canal, he introduced one catgut suture into both cylinders and then into the margin of the anus. Another suture is passed through the middle part of one cylinder, carried through the Douglas sac, and the perirectal tissue, returning to the other cylinder. The patient is discharged, cured in fifteen days.—*Medical Press.—Cin. Lan. and Clinic, Sept. 1.*

URINARY AND GENERATIVE ORGANS.

MOVABLE KIDNEYS.

It is an evidence of the minuteness and care with which modern medical science attacks the various problems before it when we find a whole book devoted to the diagnosis of "l'ectopie renale," or misplaced movable kidney. Dr. Frédéric Buret is the author of such a work, and it is a contribution of practical value to physicians. Although less than one hundred cases of movable kidney have been, so far, reported, it is a trouble which is no doubt much more frequent than is supposed. Such is the opinion of Buret, and Dr. William Roberts, and others, and it is strongly supported by the investigations of Oppolzer, who in a series of five thousand five hundred patients found that twenty-two had movable kidneys, giving a proportion of one in two hundred and fifty. It is not improbable, as Roberts says, that many cases of obscure abdominal pain and of gastro-enteric disturbance are due to this cause. Movable kidney occurs in women much oftener than in men, the proportion being as six to one. It is generally an acquired trouble and its existence is due chiefly to parturition, tight-lacing, sympathetic renal congestion during menstruation, and violent exercise or injury. The most prominent symptoms are, a dragging pain in the loin, and gastro-intestinal disturbances, nervous symptoms, hysteria, and hypochondriasis may also be provoked by it. Epigastric pulsation is often present, but the only certain evidence of the trouble is, of course, the presence of a movable tumor which can be felt.

The chief value of Dr. Buret's work is in the collection of cases which he has made illustrating mistakes in diagnosis. These cases, fifty in all, he divides into three classes: 1st, those in which no tumor was recognized, and no idea of the real trouble was obtained; 2d, those in which a diagnosis was vaguely formulated; 3d, those in which a tumor was discovered but its nature not recognized.

In the first class he cites fifteen cases. These had been treated as cases of crural, or lumbo-abdominal neuralgia, of renal colic, hepatic colic, *embarrass gastrique*, hysteria, and chronic peritonitis.

In the second class, the trouble had been mistaken for "abdominal tumor," and "affection of the liver." Moxæ were applied in some cases and operation suggested.

In the third case, a diagnosis was made of biliary obstruction, enlarged liver, tumor of right lobe of the liver, cancer of the liver, enlarged gall-bladder, biliary calculus, cancer of the pylorus, displaced spleen, and ovarian cyst.—*Med. Record*.

EXTIRPATION OF THE KIDNEY.

Mr. REGINALD HARRISON, in his address on Surgery at the British Medical Association, gives the following conclusions, derived from a study of this subject: 1. Nephrectomy has been the means of saving many lives under circumstances where no other method of treatment was likely to be of service; 2. The operation has been practised in cases where the probability of a successful termination appeared to be very remote; 3. A method of effecting the removal of the organ different from that which was selected, or a procedure less heroic, might, in some instances, have tended to increase the chances of success.—*Md. Med. Jour.*, Sept. 22.

TREATMENT OF ENLARGED PROSTATE:

Dr. WILLIAM S. SAVORY thus writes in the *Lancet*: When complete retention of urine from enlarged prostate occurs, it frequently happens that the introduction of an instrument is followed by temporary return of power to micturate; and in other cases of partial retention it is well known that the occasional passage of an instrument will for awhile restore the ability to empty the bladder almost completely without help. The cause of the difficulty being a mechanical one, I suppose there can be little doubt that the introduction of an instrument does good in this way by pressing aside that portion of the enlarged prostate which is most immediately concerned in producing the obstruction. Now, much more good in this direction, and good, too, which will last much longer, is often gained by retaining a catheter for some time after it has been introduced—say for one or two hours or so, as the patient may be able to bear it without distress. This plan is well worth trying in most cases of the kind. When an instrument has been passed, whatever difficulty there may have been in its introduction has been overcome, and the patient is subjected to little or no additional trouble by its retention for a short period. I may add that for this purpose a silver catheter appears to me to be of more service than a flexible one. It will be observed that this plan of repeatedly retaining an instrument for an hour or so after it has been passed, is quite distinct in principle and purpose from the practice which has been advised, and is sometime adopted in cases of complete retention, or of very frequent micturition, or where there is unusual difficulty in the introduction of an instrument, of retaining it for many hours or even days together. The object here is either to escape a difficulty which may become insuperable, or to avoid the necessity of passing an instrument so frequently as to make this a source of grave irritation and further mischief. Here, unfortunately, the proposed remedy is often worse than the evil. The plan now advocated has been suggested with the view of taking advantage of the passage of a catheter, when it is required to relieve the bladder, to retain it for

its effect upon the prostatic portion of the urethra; for the good it does in this way of restoring or improving the power of micturition, or possibly by pressure promoting in some degree absorption. In speaking on this subject, I would add that in my experience, as in that of others, in cases even where the prostate is considerably enlarged, it is often easier to introduce a catheter with an ordinary curve than the instrument which is especially made for cases of this description. Surgeons know very well that sometimes when a prostatic catheter cannot be easily passed, an instrument with a much smaller curve will easily slip in. I fancy that the advantage on the side of the smaller instrument is more common than it is generally supposed to be. With me, at least, it is the rule; and so, to relieve the bladder in cases of enlarged prostate, I should take first an instrument of full size with an ordinary curve, or a curve not exceeding the quadrant of a circle of two inches or so in diameter.—*Med. and Surg. Rep.*, Sept. 1.

HYDROCELE.

Clinic of Prof. MARKOE, Col. Phys. and Surgeons, N. Y. City: Here is a case which is apparently one of hydrocele in a very young child. We should be very careful in these cases to discriminate between hydrocele and hernia, and also between hydrocele enlargement of the testicle and hernia, for sometimes children of this age do have enlargement of the testicle. I can recall a case where the testicle had reached an enormous size, and caused the death of the little patient. You will observe here that the swelling extends up in the inguinal canal, which might lead you to suppose that it was, of course, a case of hernia, but this often happens also in cases of hydrocele. The mother says that the swelling never disappears, which is against the view that it is an hernia. Moreover, the tumor is translucent. The diagnosis of hydrocele has been positively settled by the introduction of the hypodermic needle and drawing off some of the fluid. Now, in the treatment of a case like this it is not necessary to draw off the fluid and make an injection into the sack. Usually a cure can be effected by the use of a simple application, as of the carbonate or chlorate of ammonia, which stimulates the vessels and causes the abnormal accumulation to disappear. Still the fluid might be withdrawn, the very act of which sometimes sets up a sufficient amount of inflammation to result in a cure.—*Nashville Jour. Med. and Surg.*

MELANURIA.

Dr. ZELLER found this hitherto seldom observed occurrence in a man of 43 years, affected with melanotic sarcoma of the skin, who died six weeks after his entrance into the clinic, apparently of cerebral complication. The very dark-brown clear urine gave a small increase of sulphuric ether above normal; no increase of phenol or indoxyl, and a large amount of hydrobilirubin. Between this latter and the dark coloring matter was a stratum in which was found much urobilin and little melanin; in the darker stratum, in which there was little or no urobilin and much melanin, with bromine water he obtained a rich, yellow, amorphous precipitate, which became dark-black on standing. This bromine-water reaction is much more easily shown than the reaction with nitrate or chromate of potash hitherto employed. Brom-melanin, when dried, is a glistening black mass, which, on triturating, leaves a brown powder. A solution of urobilin gives with bromine water a yellow precipitate, which never becomes black on standing. Fever urine with much urobilin, like normal urine, never gives a black precipitate with bromine water. Zeller believes that the coloring matter of the urine must arise from two sources, either from the hydrobilirubin contained in the bile, or the blood-coloring matter. He thinks, from his experiments, that melanin belongs to the first group, but further confirmatory experiments should be made.—*Berliner klin. Woch.*—*Med. News.*

ETHERIZATION IN BRIGHT'S DISEASE.

Since our columns have somewhat recently contained a discussion concerning the danger of using ether in cases of Bright's disease, the following will be of interest: Dr. R. Van Santvoord, of New York (*Med. Record*), has collected and analyzed all the reported cases of death from this cause, and concludes that while the recorded evidence is not *conclusive*, yet it is highly probable that structural disease of the kidneys furnishes a grave contra-indication to the administration of ether, and that the surgeon ought to be aware of the risk, and sure that the advantages to be gained more than counterbalance the danger.—*Med. and Surg. Rep.*

LITHOTOMY FOR SEVERE CHRONIC CATARRH OF THE BLADDER.

Dr. M. HOROVITZ (*Wein. Med. Woch*) recommends lithotomy for severe cases of bladder catarrh, when there is much pain, great difficulty in passing water, and an accumulation of thick ropy mucus. The operation at once gives the organ rest, relieves the spasm and pain, and permits a free escape of the thick mucus. When timely performed decomposition is prevented or arrested; kidney complications and uræmia avoided.—*Can. Pract.*

PROSTATORRHŒA.

This affection is very commonly confounded with spermatorrhœa, and is the "soul and body destroying disease" on which "retired clergymen" and other philanthropists of that ilk grow rich. The due appreciation of the nature of the urethral discharge by the family physician, and a proper knowledge of the treatment would do much toward curtailing the ravages of the sharks who excite the imagination and fears of our youth and rob them not only of their money but also of their health. The following is a resumé of the treatment as laid down by Dr. Campbell Black, of Glasgow, in a recent number of the *Lancet*:

That bromide of potassium exercises a sedative influence over the motor sexual and urinary centre in the spinal cord, is admitted to be one of the ultimate facts of therapeutics; nay in some cases so marked is this influence that when the drug is taken in large doses a temporary retention of the urine is thereby occasioned. It is a modification of this toxic influence that we desiderate in bromide of potassium as a therapeutic agent. It is extremely probable that this impression extends along the whole anterior portion of the spinal cord. Reflex action is thus inhibited, and muscular excitability diminished. It seems to me that the sympathetic and the motor systems may be regarded as two opposite poles on whose properly balanced tone normal function, especially circulation depends. Hence impressions on the sympathetic (fibres of Remak) which diminish its inhibitory power, exalt motor influence, and thus accelerate the circulation and determine congestions. If on the other hand motor influence is diminished, sympathetic dominance is correspondingly established. Bromide of potassium undoubtedly possesses the latter property. Thus it induces sleep by causing cerebral anæmia; and, by a similar influence on the pelvic viscera, operates beneficially in all cases of uro-genital hyperæsthesia and congestions. The bromides of camphor and iron seem to possess similar properties. Belladonna, and its active principle atropia, act apparently as therapeutic agents by stimulating the fibres of Remak, and are thus of acknowledged efficacy in the treatment of enuresis and spermatorrhœa; and atropia, according to Rosenthal, and Dr. S. W. Gross, in prostatic discharges. When there is reason to suppose that there is an atonic condition of the prostatic ducts, such motor stimulants as strychnine and ergot of rye are specially indicated.—*Med. Age.*

STERILITY IN THE MALE.

We think there is little doubt that in infecund marriages the onus is too frequently unjustly laid on the woman. It is, indeed, a very rare thing to ever interrogate the man for the cause of childlessness, the assumption almost invariably being that the woman is barren. Before the microscope, ejaculation was synonymous with virility, but the lens has exposed this fallacy, and the physician who subjects the patient and long-suffering uterus to the tortures to which it is wont to be put in cases of sterile unions, before subjecting the male fluid to an examination, does not practice medicine in a manner to reflect credit. A case in point has just been under our observation. The wife was a few years ago a picture of physical beauty—a red-cheeked brunette, and weighing about 135 lbs. The husband is a gentleman to all appearances perfectly competent, and when after two years of married life, no precautions having been taken to prevent conception, the womanly instinct craved for offspring, it was never for a moment questioned that the defect was on the side of the wife. She took medical advice, and passed from one to another, thus undergoing a variety of treatment, from the effects of which, doubtless associated with the unsatisfied longing for a child, her health became much impaired. In this condition she consulted us. An examination showed no appreciable impediment on the part of the uterus, and with her history before we declined to do anything further in the case until the husband should submit to the necessary examination. This he was all the more ready to do because of his confidence in himself. The microscope, however, revealed such a scarcity of spermatozoa and such sluggishness in the movement of the few, as to fasten beyond a question the cause of the sterile union on the man.

Gross, in his work on Male Sterility, gives an analysis of 192 cases of sterility, from which it appears that in thirty-three, or seventeen per cent., the cause was in the male. Of this number, Manningham reports one in thirty; Pajot, seven in eighty; Mondot, one in ten; Kehrer, fourteen in forty; Cousty, one in ten; Næggcrath, eight in fourteen; and the author himself found the husband to be at fault once in eight cases. In the thirty-three cases reported, azoospermism existed in thirty-one, and aspermatism in two cases. The facts thus show that the husband is at fault in one case in six.—*Medical Age*.

TESTIS IN PERINEO.

Dr. R. L. MACDONNEL related a case of testis in perineo to the Medico-Chirurgical Society of Montreal (*Canada Med. and Surg. Jour.*), in which the patient is fifteen years old. The left testicle has rested in the perineum from the time of his birth. It is situated slightly to the left of the ano-scrotal raphe, rather nearer the anus than the scrotum. The organ is well developed, and freely movable. It can be put into its proper place, but cannot be retained there. The scrotum is not so well developed on the left side as upon the right. There is left inguinal congenital hernia. The boy has been under observation for the last five years. He is said to have been born prematurely at the sixth month, and up to the present time has been very delicate, but the deformity has as yet caused him no inconvenience.—*Med Rev.*, Sept. 8.

ORCHITIS—APPLICATIONS OF CARBOLIC ACID ON THE COURSE OF INGUINAL CORD.

Mr. ARSENE DROUET heralds this treatment of orchitis as possessing extraordinary efficacy. The treatment consists in applying carbolic acid, nine parts, dissolved in alcohol, one part, with a camel's hair brush to the skin overlying the inguinal cord for four or five centimetres.

The application is painful, the patient feeling a burning sensation at the place of the application. The free use of cold water relieves this disagreeable sensation.

This procedure of Dr. Drouet is claimed to be a real advance in the treatment of orchitis, reducing the time of the affection to four days for simple cases, and eight days in cases complicated with funiculitis.

The application is very speedy and easy, the mixture being spread on four or five times with some minutes' interval between each application. In simple cases one treatment suffices, as the cessation of pain is noticeable from the first day.

After the application the epidermis appears white, like mother-of-pearl, turning reddish in the course of the day, taking on, after a while, the appearance of impermeable paper. The following applications do not produce either pain or change of color of the skin. The application of a cloth wet in cold water soon stops the pain. In orchitis accompanied by funiculitis it is necessary to repeat the operation every three days, none of the applications being painful like the first.

The great advantage of the carbolic acid is as a revulsive to produce a kind of erythema. The epidermis drops off by desquamation. Phlictenulæ are very seldom produced, and when produced are not so deep as when caused by a blister.—*Revista de Medicina.—Cin. Lancet and Clinic.*

EXTERNAL URETHROTOMY.

Dr. JOHN BROWNRIGG, of Columbus, Miss., reported this case to the last meeting of the State Medical Society, and we take it from the published transactions:

Jim Hines, black, aged about 30 years, applied to me on the 28d of October, 1882, with stricture of the urethra near the scrotum. The smallest bougie could not be introduced at the time. An abscess discharging pus, through which urine trickled, was situated on the top of the penis, near its junction with the pubis above the stricture. There was great induration and swelling of the penis around the abscess. On attempting to urinate, only a few drops escaped from the meatus, as well as from the fistulous opening. There was constant dribbling of urine from both places, with the characteristic odor about his person; much reduced in flesh, and painful expression. After several efforts, succeeded in passing the smallest bougie, strengthened by a small wire, through or nearly through the stricture, which was an inch in length. Slipped over this down to the stricture a larger bougie with the end cut off. Guided by the end of this large bougie, I cut down on the urethra and split it for an inch and a half, when I found an open canal on both ends of the stricture, above and below it. I then closed the wound with adhesive plaster and sutures. These soon gave way, and the urine flowed freely from the cut. This, however, closed in ten days by granulation, and on introducing a No. 12 Bougie, American scale, I found a good urethra re-established.—*Med. and Surg. Rep., Oct. 13.*

PHOSPHATIC INCRUSTATIONS OF URETHRA.

Though rare, yet it sometimes happens that, after lithotomy, phosphatic concretions form in the urethra, interfering with micturition and the passage of a catheter. Dr. S. S. Kahn, of San Francisco, reports such a case in the *Medical Record*. The perineal wound not having entirely healed, he introduced a catheter and injected two ounces of a one per cent. solution of borocitrate of magnesia, and gave internally a teaspoonful of this solution every hour. Shortly afterward, these concretions were passed, in consistence like utty, and in two days the urethra was clear.—*Med. and Surg. Rep.*

BENIGN AND CONTAGIOUS URETHRITIS.

Urethritis of a benign character cannot be distinguished by chemical or microscopic examination of the purulent discharge from a contagious gonorrhea. Dr. Robert Newman, of New York, having occasion to study the subject with reference to medico-legal cases, concludes (*Southern Clinic*) that the causes of urethritis are various, and by no means necessarily associated with sexual intercourse, and the same is true of leucorrhea in the female; that there is only one pus in either of these diseases which is identical with any other pus. That while innocuous at first, it becomes contagious as soon as it is putrid, wherever it originates.—*Med. Review*.

GONORRHOEA.

Dr. LOGAN, of Florida, says: The treatment I have had the most success with, and that which seems to be nearer a specific than any other, is as follows:

R. Calamine, grs. lxxx; powdered kino, grs. xxx; sulph. zinc, grs. x; sulph. morphine, grs. viij; boiling water, Oj. M. Sig. Shake and inject a syringeful every two hours, urinating each time before injecting. The injection should be retained two full minutes, then allowed to escape slowly, so as to leave the sediment in the urethra. The kino must be pulverized and dusted through a fine cloth, so as to free it from lumps.

Out of 18 cases treated with the above, there was not a single case in which a cure was not effected inside of 14 days after commencing treatment. Cases seen early in the attack yielded in half that time.—*So. Med. Record*.

SYPHILITIC AFFECTIONS.

SYPHILITIC DEMENTIA.

The never-ending variety of forms which syphilis is capable of assuming, and the facility with which the best posted men can sometimes be led astray in diagnosis, makes it necessary and desirable to keep before us every well-defined development of this Protean disease. In the *Gazette des Hôpitaux*, as reported by the Union Médicale du Canada, Dr. Ball presented at one of his clinics a case of general paralysis of syphilitic origin. There is one circumstance about the case that Dr. Ball does not bring into sufficient prominence, namely, the apparent predisposition toward insanity of the individual previous to the influence of the syphilitic virus. We are told that he contracted a chancre, and took so little care of himself and others that he married with the syphilitic eruption in full bloom. Whether such a man was sane or not could scarcely be questioned. The case, however, is none the less interesting. We learn that on the occasion of a violent emotion a general mental derangement developed itself; that the patient purchased for large sums of money objects for which he had no use whatever; that strabismus and ptosis developed itself in the left eye, associated with paresis of the vocal organs and hallucinations of both sight and hearing; that he was Gambetta, God, and the happy possessor of millions. Mercury and iodide of potassium relieved him, and, let us hope, left him more sane than before his infection. We refer to this case more especially on account of a distinct remembrance of two cases of similar difficulty where confinement in an insane asylum was the result of an unsuspected syphilitic affection.—*Med. Review*.

GUMMATA OF THE PENIS.

M. OZENNE, in an article on this subject in which the details of nine cases are given, concludes that gummous syphilides may develop at the expense of different parts of the organ, and occupy four situations: the mucous mem-

brane of the glans and the prepuce, the sheath of the penis, the urethral canal, and the corpora cavernosa. When arising from the mucous membrane, they are ordinarily situated at the level of the corona in the glando-preputial groove. Whatever may be their origin, these gummata present, when situated on the penis, the same evolution as when arising in other portions of the body; when recent, a solid tumor—when old, ulceration exists. At the beginning there is found a small nodule, very hard, forming a slight projection, rounded or hemispherical, sometimes flattened and circumscribed. Completely indolent, this callus of the penis, as it is sometimes called, presents no inflammatory character. In some cases it does not commence by a nodule; it extends widely over the surface, infiltrating the tissues to a variable depth, and then constitutes an induration in the skin (*en nappe*). It has been known to invade the entire organ and form a sort of cuirass.

When no attention is paid to the affection, the second or ulcerative period appears. The ulceration is limited and generally not deep, but sometimes burrows to such an extent as to merit the name of gummatous cavern. The edges are perpendicular, its floor uneven and contains a suppurating spot, a very adherent eschar. It is surrounded by a red and indurated zone, contrasting with the softness of the sound parts. Under specific treatment, complete cure often results; but in certain cases it is only obtained at the price of a cicatricial deformity. A gumma situated at the meatus may produce urethral atresia; and when situated at the frenum may cause perforations and urethral fistulæ.

Subcutaneous gummata of the sheath are not particularly noteworthy; sometimes they leave an adherent cicatrix which may inconvenience coitus and incurvate the penis at the time of erection. Urethral gummata are not frequent; sometimes they invade the canal by the extension of ulceration developed primarily in the neighboring tissue; and again, but more rarely, they arise primarily in the urethra. The second form is revealed by a yellow purulent discharge, of blenorrhagic appearance, and an induration of the canal, forming a sort of pipe with hard and thickened walls. According to Veale, a certain number of strictures have this origin and are not amenable to ordinary mechanical treatment.

Gummata of the corpora cavernosa are but little known, and their histological characteristics ignored. Circumscribed, disseminated in various numbers in the two corpora, or, more often, in one only, they develop—as all tertiary lesions—in an indolent manner, and are situated toward the posterior third, on the dorsal surface or lateral parts of the organ. By their situation and numbers, they cause functional troubles more marked than when they attack other parts of the penis; at the time of erection, which is partial and asymmetric, they give it a more or less irregular form, and produce various incurvations.

As to their treatment, though local medication has caused them to disappear, it is always preferable to use general specific treatment. Cure may be complete, or cicatrices, causing more or less deformity, may persist indefinitely.—*Revue de Chir.—Med. News*, Oct. 6.

LATE HEREDITARY SYPHILIS.

M. FOURNIER, at the St. Louis, has been lecturing upon the subject of late hereditary syphilis. He contends that the manifestations which have hitherto been considered as scrofulous—as they are obstinately rebellious to an antistrumous treatment—and cede rapidly to specific treatment, whence he calls them “*falsæ scrofulæ*,” are syphilitic. He says that it is no more difficult or unreasonable to believe that tertiary symptoms may be manifested at the ages of eighteen to twenty-five years, when the initial lesion was acquired at the age of a few weeks or months, than that tertiary symptoms may appear at the age of forty-five or fifty-five, when the primary sore appeared at eighteen or twenty-five years. He cites clinical evidence from personal cases and from other incontestable domestic and foreign sources. He brings pathological evidence to bear upon his case. He places the signs

by which the retrospective diagnosis of hereditary syphilis may be made into nine groups, as follows: 1. Countenance and expression; 2. Tardy or incomplete physical development (infantition); 3. Cranial and nasal deformities; 4. Osseous lesions; 5. Cicatrices of the skin and mucous membranes; 6. Vestiges of keratitis, iritis, etc.; 7. Lesions of the auditory apparatus; 8. Testicular lesions; 9. Dental malformations (syphilitic teeth). He further advises a minute inquiry into the life and habits of the parents, especially to note the multiplicity of miscarriages and the polyethality of their infants.—*Jour. de Méd. de Paris.—Can. Pract., Sept.*

CHAUFFAGE OF THE GENITAL ORGANS IN VENERAL DISEASE.

Following in the line of CHAUVÉAU's experiments in weakening virus by heat, Dr. Aubert suggests that the virus deposited upon the skin or in the tissues may be modified by raising the temperature of the part to 108° or 109°. He remarks upon the cure of paronychia sometimes obtained by immersing the finger in hot water, and suggests that we might avert by this means the consequences of snake-bite, dissection wounds, or a suspicious coitus. M. Aubert has made a few experiments in this direction with chancroidal pus. He exposed a part of this pus for twelve hours to a temperature of about 109°, while the rest was preserved at the ordinary temperature. Inoculations with the warmed pus were without result, but a chancroid followed the introduction of the other. He therefore concluded that chauffage destroyed, or at least rendered innocuous the chancroidal virus. The author has as yet made no experiments with the virus of syphilis or gonorrhœa. He suggests that the high temperature is the explanation of the subsidence of syphilitic manifestations during the course of typhoid fever or other febrile disease. He further asks if the fact that chancroid is not developed in the interior of the body and never passes beyond the superficial lymphatic glands, may not be explained by the destruction of the virus by the heat of the deeper tissues.—*Jour. de Méd. de Paris.—Med. Record.*

COSTITUTIONAL SYPHILIS.

In an article in the *Deutch Med. Zeitung*, Dr. DELHAES, of Teplitz, publishes some good ideas on the treatment of constitutional syphilis, and refers to the changes in the views which have taken place on this subject within the last twenty years in accordance with the advanced knowledge of the natural history of syphilis. Formerly it was regarded principally as a disease of the humors generally and the patient was accordingly put on low diet, purged, sweat and bathed, and then further reduced by the application of large doses of mercury, purposely salivated, and confined in tolerably warm and close rooms. To-day, on the contrary, we regard syphilis as originating in a fixed contagium, a peculiar germ of an organic nature which is not definitely known (bacterium?) and whose main tendency is to produce granulomata, of diverse intensity and extent. The primary sclerosis tends to disseminate itself by means of the lymphatic vessels. The neighboring lymphatic glands swell next by harbouring the noxious agent, and finally it reaches the blood. Returning from there to the lymphatics it is retained in the several glands, causing these to enlarge also. The contagium multiplying in the system gives rise to fever and general eruptions in the skin and mucous membrane, and the syphilis is then called constitutional. After the eruptions a seeming convalescence occurs, but somewhere the poison lies dormant—the primary sore has long since been healed—and only occasionally, by circumstances which enhance tissue change, as warm bathing for instance, some of it reaches the circulation, producing new exanthemata until the processes gradually lose their acute character and assume the form of fibrous hyperplasias and gummata. Sometimes the patient recovers even now, but often sinks with symptoms of marasmus. Though syphilis is a chronic, insidious disease, depressing health for a long time, and in which neither the best care and

repeated treatment nor apparent good health are a sure criterium of complete convalescence, yet it is a fact that most cases are curable. The treatment presently consists in carefully watching the patient. The first rule is, as with all sick, to give him all the advantages of good diet, favorably hygienic conditions (fresh air, cleanliness), which favors the normal formation of blood and tissue. A weekly determination of the bodily weight will show best how we succeed. Smoking is to be reduced, and where lesions exist in the mouth entirely to be prohibited. The rooms of the patient should be large and airy, and attention paid to cleanliness, and also to frequent change of underclothing. The medical treatment has for its object the neutralization and excretion of the poison by the use of all remedies and procedures which tend to produce marked changes in the economy and enhance its tissue change. The experience of the last three centuries has taught that a careful treatment with mercury produces, generally speaking, the best results. Indeed it seems that mercury is not only a direct antagonist of the syphilitic poison, but seems to have a direct local influence on the diseased parts, as observations with subcutaneous injections in syphilides of the skin show. If there is an idiosyncrasy against mercury, or a general lymphangitis, rheumatism, headache, insomnia, bad teeth, or defective nutrition, then iodide of potassium is in place, which may be given two or three weeks, but if no improvement results we return to the mercury. V. Sigmund recommends a combination of the two. Other aids to treatment are the systematic use of warm baths. Sulphur baths have had a special reputation, but have no preference over the simple warm bath.—*Med. Review*, Sept. 15.

PYÆMIA FROM SYPHILITIC BONE DISEASE.

From the *Medical Times and Gazette*, we learn that before the Pathological Society of London, Mr. Victor Horsley related the case of a man who came under his care with eleven large abscesses in the cellular tissue, secondary, he believed, to necrosis of his frontal bones. At the post-mortem examination there was found to be acute necrosis of the malar, frontal, nasal, and inferior turbinated bones; the frontal bone was also excessively sclerosed. The mucous membrane of the nose and pharynx showed acute hyperæmia and recent ulceration. The lungs were somewhat cirrhused at the apices. The brain contained an excess of cerebro-spinal fluid; the arachnoid and pia mater at the base were opaque and milky; the left lobe of the cerebellum was congenitally deficient, the flocculus being absent. The ventricular surfaces of each cusp of the aortic valves were ulcerated and covered with a layer of fibrin, which he regarded as pyæmic. The interesting point was that there was no visceral lesion of pyæmia, except the heart affection. He also showed some micro-organisms found in an abscess in another case of pyæmia. In regard to the presence of the organisms, he recollected a case of pyæmia in which they were found, and as the patient improved they diminished in number in the newly-formed abscesses, until before his recovery they had quite disappeared.—*Med. and Surg. Rep.*

SYPHILIS OF THE PHARYNX.

The patient, a woman thirty-two years of age, lost her appetite and became emaciated after the birth of her first child. She went to Esplugo de Francoli to use the iron baths, and afterward was treated by hydrotherapeutics, but without result. The mucous membrane of the gums and of the conjunctiva became pale, and there was general atrophy of the muscular system. A slight fever, with night sweats and a high pulse, followed, and difficulty in swallowing was noticed. The symptoms indicated general progressive anæmia. The gums and the tonsils were free from any affection, and only on the posterior part of the pharynx a circular spot was visible, of the size of a dime. It looked like the product of a chronic catarrh. The superficial layer of this

spot having been removed by a brush, its true character was easily detected. There was hyperæmia of the mucosa of the larynx, which extended into the Eustachian tube, with diminished hearing and pains. There was profound perturbation of nutrition, but no visible symptoms of general syphilis. Mercury and iodide of potassium effected a speedy cure. The case is remarkable, in that a single spot on the pharynx, without other symptoms of syphilis, reduced the patient to a mere skeleton.—*La Independencia medica Barcelona*. —*Chicago Med. Jour. and Exam.*

PATHOLOGY OF INTESTINAL SYPHILIS.

Syphilitic lesions of the intestines are, according to KUNDRAT, very seldom met with in adults, being more commonly found among the manifestations of hereditary syphilis. Yet even here they are comparatively rare, Kundrat and Marzek having seen but nine instances among two hundred cases of infantile syphilis. In all of these cases syphilis of other organs was also present. The small intestine appears to be oftener attacked than the large, in the proportion of about four to one. Two varieties of the affection present themselves. In the first the process is essentially localized, and is confined usually to Peyer's patches and the solitary follicles. In the second the disease attacks the entire circumference of the canal. The mucous membrane presents a velvety appearance, and about Peyer's patches is of a dark red color. Little pits are seen in the surface of the patches, giving a cribriform appearance to the part. In the second form little nodules are scattered over the inner surface of the intestines, of the size of a hemp-seed, or smaller. The meconium is thickened and adherent to the wall of the intestine. The peritoneum is usually of a pale red color and presents numerous points of syphilitic growth about the vessels. In more severe cases there is a fibrinous exudation covering the peritoneum.

A diagnosis of this variety of visceral syphilis is evidently a matter of some practical importance. But it is not always possible to make it. As regards the treatment of luetic affections of the alimentary canal, the same general principles which govern all cases of congenital syphilis are applicable to this class of cases.—*Med. Record.*

SYPHILIS IN THE FEMALE.

The *Leçons Cliniques*, by M. FOURNIER on this subject have already passed to a second edition. He treats the subject very fully, commencing with the initial lesion, the chancre, which he considers to be as frequently present in the female as in the male, except in those cases where the disease has been communicated by conception. He, in unison with other distinguished syphilographers, admits the possibility of transmission of syphilis in that manner from husband to wife. In such a case syphilis would be inherited by the child as a constitutional malady, just as scrofula or arthritis is transmitted from the parent to his offspring; and, secondarily, the mother would contract the disease from the child, and not directly from her husband.

Notwithstanding the great authority of M. Fournier on the subject, it appears difficult to admit that the disease can be transmitted in this manner. As is well known, syphilis cannot be transmitted by direct inoculation of the sperm, and again, the primary chancre in the female so often passes unperceived. We have frequently seen M. Fournier himself point it out as a very small abraded spot on the vaginal walls, a lesion which might be very readily passed over by an unskilled observer.

M. Fournier calls particular attention to the muscular weakness in syphilitic women, which is very marked when observations are made with the dynamometer. As regards treatment, he recommends a mercurial course from the beginning, as soon as the diagnosis is definitely fixed; this should be continued with intervals of rest for about two years, and should be followed by a few months' course of iodide of potash.—*Med. and Surg. Rep.*

BI-CHROMATE OF POTASH IN SYPHILIS.

Dr. J. E. GUNTZ, of Vienna, has recently used bichromate of potash as a substitute for mercury, in the treatment of syphilis, and has reported excellent results in the *Wiener Med. Wochenschrift*. The best preparation of the salt was a solution in water saturated with carbonic acid, in the proportion of 0.8 part of bichromate, to 600 parts of water. Larger or more concentrated doses caused vomiting. The most brilliant results were in cases of hard sore, when the preparation was given expressly with the intention of preventing secondary symptoms. In seventy-one cases of chancre, the sore was not treated with caustics, but the solution of bichromate of potash alone given to the patient; forty-seven out of these were saved from secondary symptoms. In fourteen similar cases the sore was cauterised as well; all the patients, excepting two, remained free from constitutional syphilis.—*British Med. Jour.*—*Cin. Lancet and Clin.*

ANTAGONISM BETWEEN SYPHILIS AND VACCINE.

The *Drug Cir. and Chem. Gaz.* says that Dr. POLIN inclines to the belief that there is an antagonism between the vaccine virus and that of syphilis. He was led to this view by the results of some vaccinations performed by him in Algeria. Of 471 children, the vaccination was successful in 410, all of whom were free from any syphilitic taint. Of the 61 children in whom the inoculation did not succeed, 48 presented indubitable evidences of syphilis.—*Med. and Surg. Rep.*

SECOND INFECTION WITH SYPHILIS.

Though rare, yet it is abundantly established that a man *can* have syphilis twice. Dr. Taylor presented a case to the New York Dermatological Society (*Jour. Cut. and Ven. Dis.*) which adds another to the proof cases. The patient had a chancre in 1874, followed in two months by large elevated red blotches over the face. The second chancre was contracted in 1881. In both attacks he had roseola, papular eruption, crusts on scalp, alopecia, and iritis.—*Med. and Surg. Rep.*

AFFECTIONS OF THE EYE.

EPITHELIOMA ORIGINATING IN ABCESS OF THE LACHRYMAL SAC.

Practice of Dr. C. R. AGNEW and Dr. D. WEBSTER :—Mr. K——, a Connecticut farmer, had lachrymal abscess at the age of forty five, and was always afterward troubled with stillicidium, or a “watery eye.” He consulted an eminent ophthalmic surgeon in 1872, thirteen years after the occurrence of his attack of acute dacryocystitis, and was advised to have an operation performed for opening his tear-passage, but neglected to attend to it. So the disease was without treatment until January 14, 1875, when Mr. K—— came to New York and put himself under our care. He was then sixty-one years of age and the lachrymal disease had existed for fifteen or sixteen years. There was a tumor of the size of a Lima bean over the tear-sac, and on its surface was an ulcer covered with a scab. Pus could be squeezed from the lachrymal sac. The eyeball was red, and there was some superficial vascular keratitis. There was no pain in or about the tumor, but “a little trifling itching.” The vision of the eye was $\frac{2}{4}$.

We made a diagnosis of probable epithelioma, and Dr. Agnew removed the growth with a knife and placed it in the hands of Dr. Elijah A. Maxwell for microscopic examination.

Dr. Maxwell reported as follows :

"January 26, 1875.—I have examined microscopically the specimen, and herewith append what has been disclosed. The growth has a connective-tissue stroma made up of moderately large, spindle-shaped, nucleated cells ; next, an infiltration of numerous round cells, resembling granulation tissue in form and arrangement of cells, and found most numerous in the central portions of the tumor, while the main bulk of the growth is made up of distinctly epithelial elements, showing the following variety of cells. They were ovoid, polygonal, conoid, at the borders serrated, all with a large nucleus almost filling the cell and containing numerous nucleoli. Patches were found at the borders presenting the same appearances as the endothelium of lymph spaces, and giving one the impression of the probability of growth in this direction. It is, in my opinion, *an epithelial carcinoma* of the small-celled variety."

February 22, 1875.—The wound made by the removal of the tumor has entirely healed. There is still pus in the lachrymal sac.

Dr. Agnew now slit up the lower canaliculus, and passed a narrow, probe-pointed knife down through the nasal duct to the nose. The passage was kept open by probing for a time and then the patient was allowed to return home.

October 21, 1876.—In about two weeks after the patient ceased to visit us two little nodules appeared in the same position from which the original tumor had been removed. They are now of the size of a small split pea each. The eye is the seat of chronic conjunctivitis and a glairy-looking pannus, as though there might ultimately be epithelial trouble of the cornea. The palpebral conjunctiva of the upper eyelid also looks threatening.

Mr. K—— was advised to have the two recurring growths removed, but declined to have them interfered with at that time.

We did not hear from him again until September, 1883, when his nephew called at our office and completed his history. He stated that after the patient called upon us for the last time the growth increased rather rapidly, and became painful, always worse on taking cold. After about two years it had grown to a considerable size, and he placed himself under the care of a cancer doctor who put on a cancer plaster and "drew it out by the roots." The operation extended through some weeks and was very painful, but the tumor was effectually destroyed, the site healed leaving a deep depression, and the growth never returned.

The patient died of typhoid pneumonia in March, 1881, after an illness of only eight days. It was his third attack of pneumonia, the first having occurred about fifteen years before his death, and the second within a few years of the first. There was no family history of cancer.—*Med. Record*, Oct. 6.

MALPRACTICE SUIT IN CASE OF INJURY OF THE EYE.

At the Maine Med. Ass'n., Dr. J. A. SPALDING, of Portland, read part of the testimony in a suit for malpractice in a case of injury to the eye. The plaintiff's eye had been destroyed by a thrust from a cow's horn, and (as the plaintiff maintained) so badly treated by the defendant physician that sympathetic ophthalmia ensued and destroyed the sight of the other eye. The jury gave a verdict for defendant on the ground that an ordinary physician could not be expected to know all about such cases. The jury may also have been influenced by the opinion expressed by several medical men and specialists, that if the defendant told the plaintiff's friends of the danger of sympathetic ophthalmia and urged enucleation, he did his duty and ought not to be held responsible. The essayist then proceeded to examine the case in its various details, and to show briefly the generally accepted ideas of treatment and the indications for enucleation after injuries of the eye.

Every eye that experience teaches us is liable to set up sympathetic ophthalmia ought to be removed at once.

Three cases of injury to the eye from a cow's horn were compared; in one, sympathetic ophthalmia destroyed the fellow eye; in a second, the sight was partially destroyed by sympathetic ophthalmia, but was already improving rapidly when enucleation of the injured eye was made for the relief of exquisite pain; in the third case, the injured eye recovered excellent sight without treatment, although both iris and lens were thrust out, while the fellow eye was never sympathetically affected. These results in cases so similar, tend to show the extreme degree of doubt that must ever prevail in cases of injury to the eye. Every physician should therefore decide at once what he is to do, and if in doubt, consult the larger experience of the specialist.—*Med. News.*

TUBERCULOSIS OF THE IRIS.

RÜTER reports a case of this rare disease in a male child two years of age. The lateral half of the anterior chamber was filled with a cheesy mass, which was in contact with the posterior surface of the cornea. The cornea was transparent, but showed a newly developed blood-vessel. In the medial half of the iris gray miliary nodules were here and there visible to the naked eye. The pupil was closed by a thin exudation. Above, in the sclera, near the corneal margin, was a prominent yellowish-white nodule. An attempt was first made to evacuate the cheesy mass. A long lance-cut was made in the corneal margin, and a piece of the iris was drawn out and excised. It was found impossible to evacuate the cheesy mass, because it was attached to the scleral nodule. A mass of granulating tissue soon grew out of the wound, and one month later the eye was enucleated. A careful microscopical examination of the parts showed the case to be one of tuberculosis of the iris, which, beginning in the miliary form, gradually developed into a tubercular infiltration of the whole iris, and also involved the corneal wound. Subsequently, cyclitis occurred with anterior and posterior adhesions to the iris, and partial clouding of the lens.—*N. Y. Med. Jour.*

TRANSPLANTATION OF SKIN-FLAPS WITHOUT PEDICLES IN BLEPHAROPLASTIC OPERATIONS.

WICHERKIEWICZ (*Kl. Mon. f. Augenheilk*, Dec., 1882) takes up the subject of blepharoplasty by means of transplantation of flaps without pedicle, and discusses it in all its bearings. He first cites those cases which have been published by various opthalmic surgeons, and then gives in fullest detail the histories of three cases of his own, and his general conclusions are that, while Wolfe's operation has considerable value, it does not always give the brilliant results which have been claimed for it. First of all, he thinks that antiseptic measures should not be carried so far as to cauterize or chemically alter raw or freshly wounded surfaces. The application of artificial warmth is of importance in those cases where the coaptation of the skin-flaps is protracted by the introduction of many stitches; but it should be avoided where considerable parenchymatous hæmorrhage is produced by it. He does not consider that sutures are always disadvantageous, for they often aid very efficiently the coaptation of the flaps with the edges of the surrounding skin. An intimate, lasting union of the transported flap with the underlying raw surface is necessary to complete success. In the future Wicherkiewicz would modify Wolfe's method by applying the transplanted flap without pedicle not upon a fresh, raw surface, but upon one which is already covered with granulations. He recommends the following procedure: If it is a case of ectropium, where there is not sufficient material for transplanting a flap

with a pedicle, he detaches the everted lid completely from its cicatricial bands, excising, if need be, all cicatricial bands, and then stitches the edges of the lids together for a short distance. He then closes the wound antiseptically with boracic or carbolic-acid dressings, or dressings of iodoform ointment. As soon as healthy, fresh-red granulations have covered the defective surface, which usually occurs in from ten to twenty days, he covers this surface with a flap, the exact size of the granulating surface, removed from some appropriate spot, having first washed the surface with one half per cent. carbolic-acid solution, and cleared it of all coagula. He then covers the flap and surrounding region with a piece of linen which has been coated with an eight per cent. boracic-acid ointment, or a three per cent. carbolated vaseline, and over this a somewhat larger piece of rubber paper or cloth; then a thick layer of borated cotton, and over all numerous turns of a gauze bandage which has been soaked in a five per cent. carbolic-acid solution. This dressing is not to be removed for four days, and, when it is removed, it should be done under the spray, and reapplied in the same way.—*N. Y. Med. Jour.*

BLINDNESS FROM RETINAL THROMBUS IN CONSEQUENCE OF FACIAL ERYSIPELAS.

Dr. H. KNAPP, of New York, read a paper, at the Amer. Ophth. Soc., in which he reported a case of this sort. There were on record a certain number of cases of blindness following facial erysipelas. These symptoms varied considerably. Ophthalmoscopic examinations during the first stage of the affection had been lacking. Not long ago he had had the rare opportunity of observing such a case almost from the beginning to the end. A man, forty years of age, had lived in the tropics, had had syphilis, with secondary and tertiary symptoms, which were aggravated when he came North. On the 20th of March, 1883, while in New York, he had an attack of erysipelas, which began upon the nose, and proceeded to the pharynx, cheeks, and orbits. He was under the care of Dr. Guleke and Dr. Schottky, who kindly allowed Dr. Knapp to publish the case. The erysipelas progressed, and on March 28th the man was totally blind in both eyes. Reserving a detailed discussion of this case for publication in the *Archives of Ophthalmology*, Dr. Knapp restricted himself to the following remarks: 1. The blindness was produced by compression of the central retinal arteries and subsequent thrombosis of the retinal veins, both having been directly observed with the ophthalmoscope one day after the occurrence of the rapid, almost sudden loss of sight. 2. The ophthalmoscopic appearances, observed from beginning to end, showed no neuro-retinitis, but the successive stages of a thrombosis. 3. The decrease of the swelling of the orbital tissue, or the establishment of collateral circulation from the choroid, permitted the return of a limited flow of blood into the retinal arteries, which, however, was impeded by the blocked veins, leading to renewed extravasation, to thrombosis and shrinking of the arteries, and finally to atrophy of the optic nerve. 4. Perivascularitis played no part, or only an unimportant part, in the pathology. 5. The white segments in the veins and arteries were white thrombi and hypertrophy of the walls of the blood-vessels. 6. Thrombosis was present, in all probability, in the orbital veins also, but did not, as in other cases, extend to the cerebral sinuses.—*N. Y. Med. Jour.*

OPERATION FOR CONGENITAL PTOSIS.

EVERSBACH recommends the following method of bringing forward the levator of the upper lid in congenital ptosis: The plate of the blepharostat of Snellen is pushed high up behind the lid. Before the half ring is clamped

on the outer surface of the lid the skin is drawn down by the finger as far as possible toward the ciliar edge, so that, when the screw is tightened, not merely the tarsal portion of the lid, but its whole height to the fornix on the conjunctival side and to the skin of the forehead in front, is included in the instrument. Then an incision, parallel to the lid edge and half way between it and the brow, is made nearly the whole breadth of the lid through the skin and the orbicularis muscle. Skin and orbicularis are dissected up from the tissues beneath for a width of four millimetres upward and downward, uncovering the superior fornix and the insertion of the levator into the tarsus. Next, with a thread armed with two needles, a suture is passed transversely through the centre of the insertion of the levator, so as to include a portion two and one half millimetres wide, and the two ends of the thread are carried down along the anterior surface of the tarsus to emerge at the lid edge behind the cilia, and two or three millimetres apart. Similar sutures are inserted at the nasal and temporal sides of the levator insertion. Before drawing the sutures tight the wound in the skin is united by sutures and the blepharostat removed. The vertical sutures are prevented from cutting into the lid edge by beads. A protective bandage is to be worn over both eyes till the wound in the skin is healed, and the sutures removed before they have excited suppuration.

Eversbasch believes this method to be as effective and more simple and safe than division of the levator before bringing it forward. He has operated in three cases, and claims to have attained a large degree of success in all.—*Boston M. and S. Jour.*

APPLICATION IN INFLAMED CONJUNCTIVA.

A correspondent of the *Louisville Medical News*, describing a visit to the Manhattan Eye and Ear Hospital, New York, supplies the formula of a solution in very common use there for inflamed conjunctiva; it is used with an atomizer in the form of spray:

R. Tannin, grs. x; sodæ bi-carb., grs. xx; glycerine, 3 ii; aquæ, 0 ii.
M.—*So. Med. Record.*

DISTILLED WATER IN EYE LOTIONS.

In the *Practitioner* Dr. PAUL M. CHAPMAN claims that distilled water is not in all cases the best vehicle for eye lotions. He says: "I have tried the experiment on myself and on many of my friends, and the answer is always the same, viz., that the introduction of distilled water into the eye is attended with much discomfort and smarting, while with normal saline there is no noticeable effect whatever. The practical deduction is this, which I have also verified, that the addition of 2½ grains of chloride of sodium to the ounce of distilled water renders any lotion intended to be of a soothing character much more beneficial."—*Med. and Surg. Reporter.*

AFFECTIONS OF THE EAR.

DEFECTIVE MEMBRANA TYMPANI.

Prof. KNAPP, of New York, advocates (*Archives of Otology*) the use of a pellet of cotton wet with glycerine as an aid to hearing in cases of defective membrana tympani. He sums up his experience as follows: 1. Cotton

pellets, moistened with glycerine and water (1 : 4) and worn as artificial drumheads, are a great aid to many cases of partial or total defect of the natural drum-head with or without otorrhœa. 2. Their therapeutical action in arresting profuse discharge on the one hand, and in preventing the mucous membrane of the drum-cavity from drying up on the other, is most valuable. 3. They protect, like the natural drum-heads, the deeper parts of the ear against injurious influence of the atmosphere, etc. 4. In some cases they are quite indispensable, and may be worn for a lifetime with permanent comfort and benefit. 5. In other cases they are needed only periodically, according as the copiousness of the discharge, or the exsiccation of the mucous membrane requires their action in the one or the other direction. 6. The period during which a pellet may be left in the ear varies with the condition of the parts. They should be changed frequently, *i. e.*, every day, or every few days, so long as the discharge is considerable. They should not be worn at all when the discharge is abundant or offensive. When there is no discharge, they may be left as long as they are comfortable (to the patient) and the hearing is good. So far as my experience goes, they are apt to become unclean in a week or two. They ought then to be removed, the ear cleansed either with dry cotton, or cotton steeped in warm soap suds, and new pellets introduced. 7. The management of the ear disease should remain in the hands of a physician until a stationary condition, either of slight, or no discharge, has been reached. During the time the patient is under treatment, he can be taught how to cleanse his ears and remove and replace the pellets.—*Med. Rev.*, Sept. 8.

TUBERCLE-BACILLI IN DISCHARGES FROM THE EAR.

The most recent seat of demonstration of the presence of the bacilli of tuberculosis appears to be the middle ear. Dr. Eschle in the *Deutsche Med. Wochenschr.* reports two cases in which the discharge from suppurative disease of the middle ear contained bacilli. In one there was concurrent advanced tuberculosis of the lung. It is interesting to note that the discharge, for several days, presented the appearance of "blue pus," said to have been observed but twice by Politzer in his experience with discharges of the ear.

In the second case, that of a boy, although there had been scarlatina, nephritis, diphtheritis and suppurating lymphatic glands, physical exploration of the chest gave negative results, and the perforation of the tympanum subsequently closed. Myringitis and otitis externa continued, and bacilli continued to be found in the discharge.

The bearing of these observations on the possibility of the existence of tuberculosis of the middle ear—supposing a necessary relation of bacilli to tubercle—is evident.—*Med. News.*

OTALGIA FROM REFLEX DENTAL IRRITATION.

A. G. HOBBS, M. D., Prof. of Eye, Ear and Throat Diseases in Southern Medical College, Atlanta, Ga., writes:—

Otalgia from reflex irritation is probably of more frequent occurrence than many have supposed.

Not to mention the commonly observed phenomenon of pain in the ear, accompanying acute affections of the tonsils, it is well known, also, as a not unusual and extremely painful complication of tubercular, cancerous and syphilitic disease of the pharyngeal region.

Otalgia due to malignant or syphilitic disease of the pharynx has often been treated locally for a considerable length of time before the pharyngeal complication has been discovered.

The most remarkable feature of these reflex neuralgic symptoms is that they sometimes occur upon the *opposite* side to the point of irritation.

Two cases of reflex dental irritation have occurred in my practice during the last three years. One was a young man about twenty years of age, who presented himself to me with what he called an "earache," which attacked him—usually at night—with lancinating pains that lasted several hours. He had been subject to these attacks for several months. An examination of the ear revealed nothing abnormal; the appearance of the pharyngeal end of the eustachian tube was quite natural; so I was at a loss to know what caused his ear-trouble until, after questioning him closely, he told me that, just before his ear attacks, he always felt a dull, aching pain in a back jaw tooth. I took him to a dentist, who found the crown of a wisdom tooth badly decayed: he extracted it, and the young man told me six months afterward that he had never had a return of the earache. The left ear was affected, and yet the extraction of a decayed right upper wisdom tooth cured the ear. This was a typical case of dental reflex irritation. The other case was a married lady about 36 years of age, who applied to me with an acute catarrhal inflammation of the middle ear. I employed the usual remedies, which should have cured her in a week; but her ear got no better, and the paroxysms of pain became even more frequent and more severe. She suffered with a toothache at the same time. A dentist killed the nerve of the 2d molar tooth and plugged it. I continued the same applications to the ear, and in three days the discharge had ceased, the perforation in the *membrana tympani* had healed and her hearing was entirely restored. The aching tooth in this case was on the same side of the head with the aching ear.—*So. Med. Record.*

OTITIS MEDIA PURULENTIA AND MASTOID COMPLICATIONS.

Dr. M. E. ALDERSON, of Russellville, Ky., calls attention to certain cases, primarily of headache and acute pain in the ear, accompanied by discharges, which, as he justly states, do not always receive the necessary careful examination, but are too often dismissed with a few general directions, and thus, after a time, result in serious consequences. In treating these cases, the usual plan by injections of astringent and sedative solutions he considers to be insufficient. Regarding the radical treatment by trephine, aside from the shock involved, especially in delicate subjects, he finds the results from this procedure by no means certain. The following conservative method is recommended by him, exemplified by the accompanying case: Mrs. —, aged thirty-three, has complained of headache for the past three years, which has become more persistent, until finally recurring every two or three days, and with increased severity. Has been treated for nervous headache by several physicians, and with only temporary relief. Purulent inflammation of both ears had existed for some time, and the external meatus was now covered with layers of thick pus, causing considerable distention and thus adding to the intensity of the pain, which was present on both sides of the head and face, more especially over the mastoid cells. After thorough cleansing with the probe and absorbent cotton, there was discovered by the speculum granulating mucous membrane and fleshy-looking *membrano tympani*. No polypi existed, and the hearing of both ears was good. For the pain, which was very acute and neuralgic in character, a mixture of aconite and gelsemium was ordered—a few drops q. 4 h. Locally, the entire external canal was packed with powdered boracic acid, previously mixed with calendula and carbolic acid, and thoroughly dried, the whole then being covered with absorbent cotton. This was allowed to remain for three days. The packing was then removed, the canal carefully dried, and the application renewed. To the mastoid process a fly blister was also applied once a week and kept discharging freely. Under this treatment amelioration of all the symptoms followed, and the final results were entirely satisfactory.—*Med. Record, Sept. 22.*

DEAFNESS AFTER MUMPS.

One of the most formidable sequelæ of this common affection is sudden and permanent deafness of one or both ears. Several instances of this have recently been reported. Knapp, in the *Archives of Otolaryngology*, records a case in which the deafness was absolute in both ears and without evidence of any middle ear affection. The hearing was lost on the eighth day of the attack, and was preceded by earache and headache and dizziness. She could hear nothing either by ear or bone conduction. He regards the lesion as labyrinthic, but impossible to say what the nature may be—whether hæmorrhagic or purulent. Seitz (*Centralblatt*, No. 5, 1883) has reported a case in which deafness in the right ear, with dizziness and tinnitus, came on upon the 7th day, and the hearing was permanently lost on that side. He regards it as due to a secondary inflammation of the labyrinth, with a copious serous exudation which rapidly destroys the delicate structures of the inner ear.—*Can. Med. and Surg. Jour.*

CLINICAL OBSERVATIONS UPON OTORRHOEA (CHRONIC PURULENT OTITIS MEDIA) WITH PERFORATIONS OF THE MEMBRANA TYMPANI.

Dr. READ J. MCKAY, of Wilmington, Del., having treated during the past eleven years 230 cases of otorrhœa, or, more technically, chronic otitis media with purulent discharge, presents for consideration in *The American Journal of the Medical Sciences* for October, 1883, some clinical observations upon such cases with old perforations of the membrana tympani, and endeavors to show that they are the unsatisfactory and irremedial class of aural diseases which they have been regarded, and perhaps still are by many general practitioners as well as by the public generally. And because of the well-known dangers from caries and necrosis of the temporal bones, meningitis, cerebral abscess, and purulent infection, which sooner or later may, and often do ensue, when they are disregarded or neglected, they should not in the future, as in the past, be permitted by physicians to pass from under their observation without any, or carelessly directed local and medical treatment.

His earlier cases were treated by various caustic applications, and they required usually several months' treatment to relieve or cure them. The later ones were treated with finely powdered boracic acid (the dry method), packed in the ears, usually filling the meati the first few visits, which generally checked the purulent discharge in a few days, and only required several weeks (usually about four) to relieve or cure them.—*Md. Med. Jour.*, Oct. 20.

FOREIGN BODIES IN THE EAR.

Dr. J. J. CHISOLM, of Baltimore, Md., read a paper at the State Medical Society of Virginia on the removal of foreign bodies in the ear. He stated that the little bony projections on the exterior surface of the drumhead have often been mistaken for foreign bodies, and the attempt to extract them on the part of the general practitioner has produced disease and permanent deafness. To illustrate the common occurrence of attempts to remove these ossicles for extraneous bodies he cited several cases which had come under his notice. He believes that there are numerous cases of individuals living many years with foreign bodies in the ear without knowledge of the fact, and stated that most instances of inflammation of the ear were due more to injudicious attempts at removal than to the presence of the body itself. He

had never seen, in all his experience as a specialist, a case of foreign body in the ear, not interfered with by another person, which he was unable to remove by the careful use of a syringe and warm water. In all instances of leguminous or other foreign bodies that increase in size by the absorption of water in the ear, he recommends the filling of the cavity with alcohol to produce shrinkage before the using of the syringe. He uses pure alcohol.—*Med. Record*, Sept. 15.

PEDUNCULATED BONY GROWTH IN THE EXTERNAL AUDITORY CANAL.

Cocks and MINOR (*Arch. of Otology*, xii, 1) report a case of this nature in a man, aged twenty-eight, following an otorrhœa of twelve years' duration. Two bony tumors were removed by the snare. The larger one was an irregular cylindrical mass, with a convex upper surface of comparative smoothness, an irregular, nodulated under surface, a roundish outer extremity, and a smooth articular concavity on its inner end. It measured 15 mm. long, 10 mm. wide, and 7 mm. thick. The smaller tumor was an irregular prismatic mass, on the outer surface of which was a smooth, convex articular surface, corresponding to the concavity of the larger bone. It measured, transversely, 6.5 mm.; longitudinally, 8.5 mm.; vertically, 4.5 mm. Both tumors were hard, and covered by a dense periosteum, which adhered closely to the smooth surface. The entire mass consisted of perfectly formed bone-tissue with beautifully marked Haversian systems. These osteomata undoubtedly arose from masses of granulation tissue, associated with inflammation of the middle ear. Osteoblasts from denuded bone, falling upon granulations, found a nidus for growth and reproduction. Minor offers, in explanation of the separate bones with articulating surfaces, the theory of the ossification of two contiguous granulation masses, motion between which was furnished by the movements of the canal, incident upon motion at the temporo-maxillary articulation.—*N. Y. Med. Jour.*

AFFECTIONS OF THE SKIN.

MOLLUSCUM CONTAGIOSUM GIGANTEUM.

Under this name, says the *Medical Times and Gazette*, Dr. S. LAACHE, of the Anatomico-Pathological Institute of Christiana, describes, in a recent number of the *Nordiskt medicinskt Arkiv*, a tumor extirpated from the nape of the neck of a female aged fifty-six. This tumor which had lasted for thirty years, but had increased considerably for the last four years, was of the size of the fist, with nodulations or unequal protuberances on the surface; it was covered at its base with normal skin, sending tongue-like ramifications over the whole tumor, which were transformed at last into a delicate membrane, half pellicular and half granular, covering the whole mass except at the summit, where there was a flat crateriform depression. Under this incomplete covering there was the mass of the tumor, which, as it were, undulated against the surface. The cut surface, equally composed of nuclei of unequal size, separated by septa of cellular tissue, presented a granular aspect, but without the knife being covered with adipose matters. Examined by the microscope, the lobules contained, in the circumference, cellules evidently resembling epidermis, while in the centre was a considerable number of corpuscles with an adipose or waxy lustre strongly resembling amyloid

tissue. In all other respects they resembled the corpuscles of molluscum, with which the author compared them. In his remarks on the case, Dr. Laache discusses the differential diagnosis between molluscum and epithelioma or cancrroid, to which last the tumor was at first referred. From cancrroid, however, the molluscum in question was distinguished by its definite form and its tendency to grow outward, besides by its being covered entirely by a kind of delicate skin without any apparent ulceration. It was, however, the presence of corpuscles of molluscum in considerable number which determined the diagnosis. The author admits, however, that, as regards prognosis, the tumor could not be regarded as being so benignant as ordinary molluscum, and he therefore thinks he ought to consider it as a transitional form between the malignant epithelial tumor and the benignant one. He observes that there was no relapse at the end of more than six months. In conclusion, Dr. Laache considers the presence of nuclei in several of the shining corpuscles as a proof in favor of the opinion that the corpuscles of molluscum are the results of a peculiar degeneration of pre-existent epidermic cellules.—*N. Y. Med. Jour.*, Sept. 1.

MULTIPLE CACHECTIC ULCERATION.

Dr. ATKINSON, of Baltimore (*Amer. Derm. Ass'n*), read the case of a female child, mixed white and black, without any evidence of syphilis or diabetes, or the use of either mercury or ergot, or of scurvy. The symptoms were papillation, vesiculation, followed by superficial destruction of tissue and progressive ulceration, which destroyed all the tissues, even the bones. At no point did gangrene occur *en masse*. It was not entirely symmetrical. Motion and sensation were somewhat impaired, but there was no paralysis, nor evidence of itching or pain. Distinct symptoms of vaso-motor disturbance were not observed. Dr. Atkinson thought that there could be no doubt that his case belonged to the group named by Oscar Simon multiple cachectic gangrene, and that it was one of the trophic neuroses.

Dr. Van Harlingen reported a case of trophic neurotic gangrene occurring after amputation of the thigh.

The President (Dr. R. W. Taylor, N. Y.) reported two cases seen with Dr. W. H. Draper at the clinic at the College of Physicians and Surgeons. The first was that of a puny child, six months old, that had an ulcer upon the back which began as a water-blister. Despite treatment, it extended and became very large, destroying the skin down to the muscles. Under generous diet and tonics it ultimately recovered. The other case occurred in a woman thirty years of age, married, who had never had children, and had never taken ergot. She came with each finger on both hands in a bluish congested condition, but no bullæ existed. There was swelling of the tip of the nose, and upon it was a bulla, which broke down into an ulcer, involving all of the tissues down the cartilages. The patient lost fully one-half of every finger, the thumbs escaping. She finally recovered. The only ætiological factor that could be ascertained was excessive indulgence in buckwheat cakes.—*N. Y. Med. Jour.*, Sept. 8.

LYMPHANGIOMA CUTIS WITH DERMATOLYSIS.

Dr. J. E. GRAHAM, of Toronto, reported a case, (*Amer. Derm. Ass'n*.) illustrated with photographs. The patient was a woman twenty-one years of age. When five years old a tumor appeared in front of the elbow which gradually extended upward and downward. The history from that time had been one of constant increase, and the growth had increased very rapidly

during the last year. Its presenee had not produced inconvenience. On the anterior surface of the arm the integument hung down in bag-like pouches which changed in color as the arm was raised or hung down. The papillary layer of the corium was hypertrophied, and the skin presented deep furrows. There was brown pigmentation near the elbow, and a few black hairs existed on the surface. The entire growth had a peculiar velvety feel. There was thickening of the skin, but no induration whatever. At the middle of the forearm there was a small tumor which felt like a mass of blood-vessels beneath the skin. The arm could be made smaller by pressure, and especially the small tumors, of which there were two or three. The tumors were not painful. The affected arm was almost as strong as the other. It was possible that the small tumor seen existed at birth, but had been unrecognized. Dilatation of the lymph channels was the probable pathological lesion.

Dr. Fox had seen one case which would bear comparison with Dr. Graham's.

Dr. Atkinson had seen one case which was almost identical with that reported by Dr. Graham, except that the growth was situated higher up upon the arm. He thought that there was dilatation with new growth of the channels, and regarded such a case as affording striking proof of the inaccuracy of the view put forward by Dr. Formad concerning the nature of tubercle, as we did not observe tubercular inflammation in these cases, where it was well known that the lymph channels were obstructed.

Dr. Piffard thought it practicable to remove the growth in sections by the use of the galvano-caustic ligature.

Dr. Atkinson thought the probable cause of the disease would remain, and that removal of the growth would be followed by a return of the affection.

Dr. Sherwell referred to a case of general lymphangioma.—*N. Y. Med. Jour.*, Sept. 8.

PROBABLE EPITHELIOMA CURED BY ASTRINGENT WASHES.

Dr. S. W. FRANCIS reported to Rhode Island Med. Soc. the following case: Mrs. B. had a circumscribed induration as large as an almond in the cheek, having its mucous surface much eroded by contact with the sharp edges of a tooth cavity. The offending tooth was at once extracted, but the removal of the local irritant was followed by no improvement in the bad appearance of the inner cheek. The swelling and induration became greatly increased and extended forward so as to produce very marked external deformity. Dr. Francis treated the case as follows:

R. Tinct. opii, \mathfrak{z} ss.; tinct. myrrhæ, glycerine, \mathfrak{ss} 3 i; Squibb's liq. ferri subsulph., 3 ss.; aquæ rosæ, q. s. ad., \mathfrak{z} iv. M. Sig. Apply one teaspoonful of mixture to inside of affected cheek four times a day.

In addition to this local treatment the patient was ordered milk diet, with strong broth, and twenty drops of the syrup of iodide of iron, three times a day. In three weeks seven-eighths of the enlargement and induration were gone, the cheek and lip became thin and flexible, and all the angry appearance had vanished. This case was reported to illustrate the wisdom of first employing mild measures before resorting to the knife.—*Boston Medical and Surgical Journal*, Sept. 27.

LOCAL APPICATION IN ERYSIPELAS OF THE FACE.

The following rather strong application may be painted over the parts affected once every two hours; a thin layer of cotton being placed over the parts immediately afterward:

R. Ac. carbolicæ, sp. vini rect, \mathfrak{ss} 3 j; sp. terebinth, 3 j; tr. iodinii, 3 j. glycerine, 3 v. M.—*Med. and Surg. Rep.*

REMEDIES FOR SKIN DISEASES.

Dr. JOHN V. SHOEMAKER gives the following prescriptions, as used by him in the treatment of patients at the Philadelphia Hospital for Skin Diseases:

For systematic effect:

PSORIASIS.

R. Sodii arseniatis (pellets), gr. 1-10. Sig. Dissolve in a little water, and inject into the subcutaneous tissue every day, the dose to be gradually increased until all the eruption disappears.

ECZEMA (Chronic).

R. Extract. malt, ol. morrhue, aa $\frac{3}{4}$ ij. M. Sig. Two teaspoonfuls three times daily.

ERYSIPELAS.

R. Glycerini, tinct. ferri chloridi, aa $\frac{3}{4}$ ij. M. Sig. Take from one to two teaspoonfuls in water every three hours until all local irritation subsides.

HERPES ZOSTER.

R. Morphine sulph., gr. 1-4; atropine sulph., gr. 1-80. M. Sig. Give as a hypodermic injection every three or four hours until pain is relieved.

URTICARIA (Chronic).

R. Acidi sulphurosi, syr. zingiberis, aa $\frac{3}{4}$ ij. M. Sig. Take from one to two teaspoonfuls in water from three to four times daily.

SYCOSIS.

R. Ferri iodidi, gr. xl; aloini, gr. iij; extracti hyoscyami, gr. ij; extracti belladonnæ, gr. iij. Ft. pilulæ No. xx. Sig. One pill three or four times daily.

ROSCACEA.

R. Fl. ext. ergot, syrup orgeat, aa $\frac{3}{4}$ ij. M. Sig. Two teaspoonfuls in water three times daily.

LEUCODERMA.

R. Ferri oleatis, gr. xxx; quinine sulphatis, gr. xv; acidi arseniosi, gr. j; extracti ignatiæ, gr. ij. M. Ft. pilulæ No. xxx. Sig. One pill after meals.

SCROFULADAMA.

R. Liq. acidi phosphorici co, $\frac{3}{4}$ j; ol. morrhue, $\frac{3}{4}$ iij. M. Ft. emulsio. Sig. Two teaspoonfuls after meals.

For local effect:

HYPERIDROSIS.

R. Naphthol, 3 ij; tinct. saponin, $\frac{3}{4}$ ij; spts. hamamelis virg., $\frac{3}{4}$ ij. M. Sig. Sponge well several times daily over the surface.

SEBORRHOEA OLEOSA.

R. Zincti oleatis, 3 ij; pulveris marantæ, 3 ij. M. Sig. Dust over the surface.

PITYRIASIS.

R. Olei olivæ, $\frac{3}{4}$ iv; zinci carbonatis, plumbi carbonatis, aa 3 ij. M. Sig. Rub well into the parts after an alkaline bath.

SQUAMOUS ECZEMA.

R. Olei morrhue, $\frac{3}{4}$ iv; plumbi carbonatis, 3 ij; naphthol, gr. viij. M. Sig. Apply after an alkaline bath.

SCABIES.

R. Olei chlorinati. Prepared by passing chlorine gas into olive oil until it is thoroughly saturated with it. Sig. Mop over the surface two or three times daily.

ALOPECIA.

R. Hydrarg. oleatis fl., $\frac{3}{4}$ js; olei ergotæ, $\frac{3}{4}$ iss; olei rosæ, gtt. ij; olei bergamotæ, gtt. ij. M. Sig. Use as a hair oil.

PSORIASIS

R. Ungt. hydrarg. oleatis, $\frac{3}{4}$ j; olei cadini, 3 j; naphthol, 3 j. M. Sig. Rub in thoroughly after removing all scales.

ECZEMA (Acute).

R. Zinci carbonatis, plumbi carbonatis, lac. sulphuris, pulveris marantæ, aa 3 i; ungt. simplicis, $\frac{3}{4}$ j. Ft. ungt. molle. Sig. Pencil lightly over the surface.

SEBORRHÆA SICCA.

R. Olei ergotæ, $\frac{3}{4}$ iij. Sig. Apply at night and morning.

SEBORRHŒA OLEOSA.

R. Naphthol, gr. x; spts. hamamelis virg. $\frac{3}{4}$ j; aquæ rosæ, $\frac{3}{4}$ iij. M. Sig. Sponge twice daily over the surface.

CHLOASMA.

R. Ungt. argenti oleatis, 3 ij. Sig. Apply a small quantity twice daily.

ACNE INDURATA.

R. Naphthol, gr. x; lac. sulphuris, 3 ss; ungt. simplicis, $\frac{3}{4}$ ss. M. Sig. Use externally.

CHROMOPHYTOSIS (Tinea Versicolor).

R. Ungt. cupri oleatis, 3 ij. Sig. Rub in a small quantity night and morning.

BROMIDROSIS.

R. Naphthol, 3 ij; zinc, oleatis, 3 ij. M. Sig. Dust over the surface frequently.

EPITHELIOMA.

R. Ungt. arsenici oleatis, gr. x; ungt. hydrarg. oleatis 3 j; ungt. simplicis, 3 j. M. Sig. Spread on old muslin, after which apply to the parts.

ULCUS (Chronic with exuberant granulations).

R. Ungt. arsenici oleatis, gr. x; zinci chloridi, gr. v; pulv. marantæ, 3 ij; ungt. simplicis, $\frac{3}{4}$ ss. M. Sig. Apply by means of old muslin.

ECZEMA (Subacute).

R. Lac. sulphuris, 3 ij; acidi boracici, 3 ij; ung simplicis. $\frac{3}{4}$ j. M. Ft. ungt. Sig. Spread over the surface.—*Med. Bulletin.*

CITRIC ACID IN FROST-BITE.

LAPATIN, a Russian surgeon, who has had considerable experience in the treatment of frost-bites among the troops in the late Turkish war, says that a mixture of equal parts of dilute citric acid and peppermint-water is an effectual cure for frost-bite.—*Canada Lancet.*

MIDWIFERY.

AND DISEASES OF WOMEN AND CHILDREN.

ALBUMINURIA COMPLICATING PREGNANCY.

J. H. M'LEAN, M. D., Cass City, Mich., gives the following case from practice:—

March 31st, was called to see Mrs. M., æt. 29, who had been married about eleven months and had entered her ninth month of pregnancy. She complained of a swelling of the lower extremities, the development of which she had first noticed about two weeks previously, but which her innate modesty prevented her from seeking advice for. An examination revealed also an anasarca condition of the trunk and upper extremities, the face, too, being quite puffy. Inquiry elicited the information that she suffered from headache, dimness of vision and *muscæ volitantes*. Sleep was very much disturbed, not amounting in all to over two hours during the night. The only symptom referable to the digestive system was severe nausea. Urine was scanty, but I secured a specimen for analysis and found it highly colored and loaded with albumen. Here was a manifest case of albuminuria complicating gestation, and unless something were speedily done for its relief the prospects were exceedingly favorable for a case of convulsions complicating parturition. The following were ordered: Quiniae sulph., gr. ij, with tinct. ferri muriatis, gtt. viij; to be taken four times a day, and five grains of bicarbonate of potassium every four hours. In addition ten grains of compound powder of jalap and five of calomel were ordered for every third day.

I saw the patient again at the end of a week. She reported herself as feeling much better, a statement which was, indeed, supported by her improved appearance. An examination of the urine showed it to be of lighter color and containing a much smaller amount of albumen. Treatment was continued until all traces of albumen disappeared, and on April 26th I delivered the anxious young mother of a man child, greatly to the joy of a still more anxious young father; and, greatly to the relief of my serious apprehensions, the pleasure of the occasion was not offset by the slightest untoward symptom.—*Med. Age.*

THE WATER-BED AS A LYING-IN BED.

A young primipara was sent in for artificial premature delivery. (Professor Braun's Clinic—*Obstetric Gazette*). She was in the eighth lunar month, and was suffering from morbus brightii. The nutrition of the parts was disturbed by the enormous swelling, and the lesser labia had become gangrenous. The vicinity of such a patient endangers the others. So we put her in a room alone, giving her her own nurse and physician, who were not even to enter the lying-in wards. We did not consider it advisable to bring about delivery in the mother's condition. In any case, the prognosis for both mother and child was bad. The child had been poorly nourished,

must be imperfectly developed and too weak to live, while the mother's chances of recovery in the present state of affairs would be lessened by artificially produced labor. The lymphatics would become engorged with this rotten mass, lymphangitis resulting, then the areolar tissue would be involved, and finally our patient would succumb to septic-peritonitis. Her treatment consisted in frequent irrigation of the vagina with a three per cent. carbolic solution, and thymol dressing to the vulva with appropriate diet. We were expectant three days; on the fourth she gave birth naturally to a 2,100 grm. living child. The gangrene spreading, we had her placed in a water-bed, in which she has been now five days, without fever and with a good appetite. To put a lying-in woman in a warm bath seemed until recently a strange thing, but theoretically there is nothing against it. The spread of the gangrene is stopped, the putridity is swept away, and she feels perfectly comfortable.—*Med. Review.*

VENESECTON TO PREVENT PREMATURE BIRTH.

Dr. MAYO writes to the *Australasian Medical Gazette* to the effect that he has found phlebotomy an efficient preventive of premature births. He recommends that from three to four ounces of blood be abstracted soon after the first indication of quickening. For fifty years he has resorted to this practice with good success. And he adds that he bleeds indiscriminately both robust and delicate women.—*Medical Record.*

CHLOROFORM AS A CAUSE OF POST-PARTUM HEMORRHAGE.

Dr. A. A. MOORE read a paper on the above at the South Carolina Medical Association:—While chloroform was generally administered in this country to annul the suffering of the parturient woman, he believed that its agency in producing post-partum hemorrhage was not so generally recognized as it should be. Assuming its causative relation to such hemorrhage, were we justified, he asked, in resorting to it merely to abolish the pangs of ordinary labor? In his own practice he was in the habit of giving it, if requested, but never insisted on it. In its administration he had been long governed by Playfair's rule, to give it only in the propulsive stage and intermittently, never giving it to complete anæsthesia. But even thus he had found its use attended with so much uterine inertia, as to be obliged to withhold it for a time to allow a return of the force and frequency of the pains. It was this very inertia after delivery which predisposed to post-partum hemorrhage, and during the last few years he had met with this unpleasant complication several times, when he could attribute it to no other cause than the inhalation of chloroform. He gave the following analysis of thirty-four cases of labor attended during the years 1881 and 1882, as going to substantiate his views. In twenty cases chloroform was administered; in four of these there was free hemorrhage, in thirteen there was less, but more than natural, and in three there was no report. In fourteen cases there was no chloroform administered; of these only two had hemorrhage; with one it was habitual, the other was a woman who had borne children rapidly, was quite fleshy, having the abdominal walls pendulous and flabby, giving no support to an inert uterus.

He then cited various authorities, some in favor of the use of chloroform in labor, but all with a word of caution against its tendency to cause uterine inertia and hemorrhage.—*Med. News.*

RETROVERSION OF THE GRAVID UTERUS.

Retroversion of the gravid uterus, a condition of not infrequent occurrence, takes place in the early months of pregnancy, before the womb has

risen into the abdominal cavity, but one retroverted to the degree as the one given below is somewhat unusual. A case was related by Mr. E. Skinner, at the Sheffield Medico-Chirurgical Society (*London Lancet*), in which the fundus of the uterus was detected at the orifice of the vagina, with the os above the pubes. The case was first seen by a midwife, and five days later by Mr. Skinner. In the interval no urine had passed on account of pressure upon the urethra by the uterus. A catheter could not at first be passed, but later the bladder was emptied and the woman placed in the knee-elbow position, when the uterus returned to its natural position without assistance. The accident recurring in a few days, a Hodge's pessary was used to support the organ, but abortion took place the next day.—*Med. Review*.

IS CRANIOTOMY JUSTIFIABLE?

Dr. E. E. MONTGOMERY concludes as follows:—

We do not question the advisability of craniotomy where the foetus is certainly dead; but even then, when delivery can be accomplished by the forceps or version, they should be preferred for the mental effect upon the woman.

Upon the living child our researches lead us to the following conclusions: Craniotomy is unjustifiable, as, 1st, it considers only the life of the mother, and destroys that of the child, while it is our duty to endeavor to save both. 2d. In pelves with a conjugate diameter more than $2\frac{1}{2}$ " we have other alternatives equally safe for the mother, which afford the child a chance for life. These alternatives we would suggest in the following order: Where the conjugate measures 8.25" or over, the forceps; 2.75" or over, version; $2\frac{3}{4}$ " or over, symphyseotomy, followed, if necessary, by the forceps. In all subsequent pregnancies, and the first, when distortion is discovered sufficiently early, premature labor should be induced. 3d. In pelves measuring less than $2\frac{1}{2}$ ", Cæsarean section affords better results for the mother, and should be done whether the child be living or dead.

In a limited number of cases (where the os is dilated) laparo-elytrotomy may be preferred to Cæsarean section. In all cases requiring it, operative interference should be early. The obstetrician should control events, not be controlled by them.—*Med. Times*.

EXTRA-UTERINE FŒTATION.

The notes of a case of extra-uterine foetation under the care of Mr. H. P. Seymonds are given in the *London Lancet*. The patient was admitted to the Radcliff Infirmary with symptoms of stone in the bladder and with severe cystitis. She began to menstruate at thirteen, married at sixteen. She has three living children, and has miscarried several times. Twelve years ago, when four months pregnant, she had a fall, which was followed by an abortion and inflammation of the womb. She said that a fully formed foetus came away, and something which the nurse told her looked "like a piece of flesh with a bone stuck in it." There was severe pain and profuse hemorrhage, and she was ill for three months, since which she has menstruated through the bladder, the periods being regular and the flow normal in amount. For two years subsequent to the illness there was a discharge of matter from the bladder, and occasionally during the nine months immediately following it foetal bones were passed. The purulent discharge gradually ceased, and for two years her only trouble was that menstruation was carried on through the bladder, which often caused pain from clots blocking up the urethra and producing retention. After this she at one time passed two small, rough calculi, and again in a few months a bone about an inch long, which crumbled on handling it. Lithotripsy was performed; a few drachms of phosphatic material, without any nucleus, were removed. Two days later she passed from the urethra what proved to be a foetal scapula of about four months. The urethra was then dilated and the bladder explored

with the finger. A cavity, containing some fragments, was felt at the base, but outside of the walls, and from this more foetal bones were removed at different sittings until all were gotten rid of. Some local inflammation followed, but she was soon afterward discharged feeling quite well. More than two years have elapsed since, and menstruation is still carried on through the bladder.—*Med. Review.*

POST-PARTUM PAIN.

Mrs. I. H., aged 23 years, a native of New Orleans, the mother of two living and three premature children, was taken in labor at 2 o'clock P. M. The labor was normal and terminated at 4:15. The last pains were severe, but easily borne by the woman, who throughout the ordeal was the picture of courage and endurance. The placenta was found in the vagina within fifteen minutes after the birth of the child, the uterus having been prompted to thorough contraction by gentle kneading of the organ. She passed a comfortable morning, and the child was put to breast about 8 A. M., and sucked vigorously. She observed that on the application of the child to the nipple she felt slight pains. She fully appreciated that these were the usual "after pains" accompanying child-birth, and said that she was not annoyed sufficiently by them to call for the administration of the camphor julep, which I had administered at a previous confinement. I saw her in the evening, and she was very comfortable and cheerful, having slept two hours during the day.

At 8 A. M., twenty-three hours after confinement, she aroused her husband and said that for an hour she had been suffering most violent pains and was unable to stand them any longer. Mr. H. says that so changed was his wife that he hardly recognized her. She was pale, breathing heavily, and covered with profuse perspiration. She lay on her back, with thighs flexed and knees in a constant swaying motion. On asking her where the pain was she placed her hands in each iliac region and pressed these spots forcibly, as if endeavoring to relieve pain. Calling on a neighbor to remain with her, he came for me. I reached her bedside about 8 A. M. The aspect of the case was appalling. She was as pale as a sheet, covered with clammy sweat, and uttering cries of exceeding anguish. On placing my hand over the uterus, it was found contracted, firm and hard, and perfectly normal in size and position. The discharge from the vagina was nominal and free. The introduction of the finger into the uterus gave no pain. The pulse was so rapid as not to be counted. Although in a condition of the greatest exhaustion, there was no evidence that loss of blood could possibly account for it. Pain seemed the only factor, and this was referred to the wings of the pelvis, and never to the uterus. Relief from this was the first and only indication. As soon as it could be procured, I administered, hypodermically, one-fourth of a grain of morphine sulphatis, with one forty-eighth of a grain of the sulphate of atropia. Remaining with her for more than an hour, I had the satisfaction to see her breathing become more regular, her pains disappear, and she soon fell into a pleasant sleep, from which she was easily aroused to express herself as feeling perfectly relieved. Her pulse was then over 150. At a visit early in the afternoon, I found her resting well. Her pulse was 140, no elevation of temperature. She had nursed her child without discomfort. The lochia was normal. From this time she made a perfectly natural recovery from child-bed, had an abundance of milk, a good appetite, and at this time she and the child are well.—*N. O. Med. and Surg. Jour.*

LPOMA OF THE RIGHT LABIUM MAJUS AS A COMPLICATION IN CHILDBIRTH.

The patient was a primipara, thirty-three years of age. The tumor had existed four years, was about the size of a hen's egg, and had never given her

any trouble, excepting from an occasional prolapse after severe efforts. At the time when the author first saw the patient, the tumor had prolapsed and filled the introitus vaginæ. It was easily pushed aside, but as easily came down again. After the woman had been in labor twenty-four hours, the tumor was drawn out and held to one side by means of a towel, and the child was delivered with the forceps without rupturing either the perineum or the tumor. The latter had seemed to develop on account of the pressure which had been brought to bear upon it during the labor, and afterward seemed harder and less movable. The latter facts caused a change in the diagnosis which had originally been that of hernia labialis. Three months later the tumor was removed, as it had become a source of great annoyance to the patient. (Bruntzel).—*Amer. Jour. Obst.*

ABSENCE OF THE LOCHIA.

A few months ago I was called hurriedly to the bedside of Mrs. S., who was in labor at the time, and so continued until she was delivered of a very fine, healthy boy, weighing about eight pounds, and the picture of health. According to the usual custom, I tied and cut the cord, and after due time delivered the placenta, put the necessary bandage and other appliances on, and placed my patient in a comfortable position, all of which took place without the loss of one drop of blood. I inquired of the nurse, from time to time, about the lochia, and she stated that there was none, so that her linen was not discolored, through the whole of her lying in period. The lady is living and in good health to this day. (J. A. H.)—*Col. and Clin. Record.*

FATAL VOMITING OF PREGNANCY.

The *Proceedings of the Medical Society of the County of Kings*, has a report by Dr. A. H. P. Leuf of a case of death from absolutely uncontrollable vomiting in a single woman aged 22. The autopsy revealed the third month of pregnancy, which condition was totally unsuspected. The moral of this case is to look for pregnancy in cases of inexplicable and persistent vomiting; for, had its true nature been recognized, this girl's life might have been saved.—*Med. and Surg. Rep.*

PUERPERAL SEPSIS.

Too lavish irrigation of the uterine cavity is to be avoided. In Prague the mortality in 1879 was, 0.4 p. c.; 1880, 1.0 p. c.; 1881, 0.21 p. c.; 1882, 0. p. c. The mortality of 1880 was ascribed in a great degree to the profuse intra-uterine irrigations. More, by far, can be accomplished by strict attention to the ulcers on the genitals as the infection in most all cases goes out from them. As a wash for the vagina hypermanganate of potassium, or tincture of iodine may be used with good results. After this has been tried and avails nothing, then it is time to proceed to irrigation of the uterine cavity with a five per cent. phenol solution. Permanent and repeated irrigation is not only useless but dangerous; a single thorough toilette of the cavity is all sufficient. Many interesting cases illustrate the text.—*Arch. f. Gyn.—Therap. Gaz.*

INPREGNATION BEFORE THE MENSTRUAL EPOCH.

Mrs. P. J., born March 10th, 1842, married December 24th, 1854, making her age at marriage 12 years, 9 months and 14 days. Was fully developed, but breasts were small and she had never menstruated. On the 9th of September following she was delivered of a well-developed child, time of gesta-

tion 8 months and 15 days. One month after delivery, she menstruated for the *first* time, which lasted 7 days.

Menstrual function was absent from this time until after the birth of the second child, which was born October 16th, 1856, 1 year, 1 month and 7 days after that of the first.

From this date menstruation has been regular until about 15 months ago, when it suddenly ceased and has not since returned. Her general health has been good. She was married three times and had five children. In 1862, had a miscarriage. At no time was the menstrual flow profuse.—*N. O. Med. and Surg. Jour.*

CARE OF PREGNANT WOMEN.

Sufficient sleep and relief, so far as may be, from anxiety and worry and care should be afforded to the pregnant woman, whose nervous and digestive powers are taxed in the special functions to which she is then called. In many cases a want of due recognition, on the part of her family and physician, of the extra strain upon her that is dependent upon her condition leads to a condition of nervous irritability, and sometimes to actual mania, which might have been prevented by a little consideration and watchfulness in time.—*Med. Review.*

FEVER DEPENDENT UPON FECAL ACCUMULATION.

A rise of temperature is often observed in women after childbirth or ovariectomy, which subsides after a free movement of the bowels. In addition to the fever there are frequently symptoms of peritoneal irritation—pain on pressure, meteorism, elevation of the diaphragm, cyanosis, and rapid pulse. To explain these symptoms, Dr. Küstner instituted a series of observations upon women after ovariectomy (*Zeitschrift für klin. Medicin*, vol. v). He found that the temperature rose when the fecal matters had passed into and distended the rectum. By reason of increased peristalsis and from direct pressure of the distended rectum, the wounded surfaces were disturbed and a resorption of the secretions induced. This gave rise to fever. Perhaps also the retained feces caused a more rapid decomposition of the secretions. The same explanation will answer also for similar conditions in the puerperal state, and the author asserts that peri-uterine exudations are often due to the same cause.—*Med. Record.*

RUPTURE OF FUNIS IN UTERO.

Rupture of the funis in utero is not a frequent occurrence; but Dr. J. D. Talbot records a case (*Miss. Valley Monthly*) in which the cord was torn off within a half inch of the body. The child lived twenty hours. He thinks the cord, which was thirteen inches long, was probably coiled around some part of the child's body, and was ruptured at the time when the waters escaped.—*Med. Review.*

TO HARDEN THE NIPPLE.

R. Acid tannic, $\frac{3}{4}$ iv; glycerine, 3 i; aqua ad., 3 ij.

This strong solution of tannin acts differently from the weaker combinations of tannin and glycerine, as it actually tans the nipple, making it tough, resolvent and incapable of inflammation.—*So. Med. Record.*

CORROSIVE SUBLIMATE AS AN ANTISEPTIC IN MIDWIFERY.

Dr. TARNIER recommends that the genital region be washed and injected with corrosive sublimate (1 to 2,000) and that the mattresses and napkins be disinfected by the same fluid, during the process of labor.—*Med. Record.*

DISEASES OF WOMEN.

HINTS FOR THE DIAGNOSIS OF OVARIAN TUMORS.

Dr. A. MacDONALD gives the following hints in the *Edinburgh Medical Journal* for November:

1. *Pregnancy*.—The possibility of pregnancy, the signs and symptoms of pregnancy, and waiting if in doubt, place the diagnosis beyond possible mistake, with a fair measure of care.

2. *Fibroid*.—A large fibroid with solid walls, leading to general enlargement of the uterus is easily diagnosed. The increased length which the sound enters, the fact that the uterus moves with the sound, the peculiar feel of the uterus, and the nearly constant menorrhagia, suffice to keep the diagnosis correct. It is quite common to hear a bruit in a case of uterine fibroid; only in vascular sarcomata is such audible if the tumor is ovarian. But much greater difficulty is experienced in cases of fibro cystic tumors connected to the uterus, with or without pedicle. In that case we must try to ascertain whether the tumor is connected or disconnected with the uterus. Then the cyst of a fibro-cystic tumor may be tapped, when we expect to find only a thin fluid of great density, with some blood corpuscles, and possibly some non-striped muscular fibres. But in those cases it is often found that only an exploratory incision can determine the diagnosis with accuracy.

3. *Renal Cysts* begin below the false ribs and extend downward and forward. They have a line of resonance between them and the liver, due to the transverse colon, which is of value, as showing they are not of hepatic origin, and when aspirated they contain urea. Usually accompanying such there are urinary symptoms, but not always.

4. *Ascites* exhibits the characters of free motion of fluid to an imperfectly filled cavity. Accordingly, when the patient lies on her back, the abdomen is flattened anteriorly, the flanks give a dull note, and there is clearness round and above the umbilicus. With change of the patient's position, the areas of resonance alter. Thus, if the patient is turned on her left side, the right flank gives a clear note, and *vice versa*. In case of tapping, an ascites, the thick gelatinous fluid characteristic of ovarian tumor is never obtained.

5. *Hydated Cysts of the Liver*.—In this case the tumor grows from the liver, distending first the distance between the ensiform cartilage and the umbilicus, the reverse of an ovarian cyst. Again, tapping and discovering acephalocysts in the fluid is convincing evidence of the true nature of the tumor.

6. *Hysterical Abdominal Distention*, commonly known as spurious pregnancy, need deceive no one, as the percussion is uniformly resonant, and the tumor disappears under chloroform.—*Cin. Lancet and Clinic.*

CARCINOMATOUS OSTEOMA OF MAMMA.

Dr. S. W. Gross reports a case of carcinomatous osteoma of the female mamma in the *Medical News*. The patient, aged seventy-four, and the mother of seventeen children, discovered in May, 1880, a tumor in the left breast about the size of a pea, which gradually developed some of the signs of scirrhus carcinoma, such as extreme hardness, retraction of the nipple and lancinating pains. There were no deep attachments, nor were the axillary glands involved. The entire breast was removed in November of the same year by a surgeon in Richmond, Va., who found a bony tumor loosely embedded in the organ. It was almost spherical, nodular, very hard, dense and inelastic, and enclosed in a connective tissue capsule. On section, which could only be made with a saw, it presented a pale granite-like, appearance, with white islets of fibrous tissue, which formed about one-sixth of the entire mass, including a peripheral margin one millimetre in diameter

for about one-half of its circumference. Sections treated with hydrochloric acid showed an osseous frame-work, the meshes of which were filled partly with a lymphoid tissue containing giant cells, and representing young bone-marrow, and partly with glandular tissue undergoing carcinomatous transformation, or completely converted into typical carcinomatous structure. Dr. Gross says: the tumor was evidently in the first instance a fibroma containing glandular elements, or an adenoid fibroma, which was gradually being transformed into an osteoma; that it was not a primary osteoid carcinoma was indicated by the presence of a fibrous capsule isolating it from the remainder of the mamma, and by the fact that there has been no recurrence of the growth in over two years, and no involvement of the axillary glands. He regarded the transformation as very uncommon.—*Med. Review.*

CANCER OF THE UTERUS IN A VIRGIN.

Cancer of the uterus rarely occurs in virgins, but Dr. J. E. TAYLOR reports to the New York Academy of Medicine (*Am. Jour. of Obst.*) the case of a virgin, twenty-eight years of age, who died of that disease. He first saw her in December, 1881, and on examination, which was rendered difficult by the resistance of the hymen, he diagnosticated cancer and advised excision of the anterior part of the cervix, which was the part chiefly affected. No hemorrhage had occurred nor was any caused by the examination, but on more careful examination he ascertained that the part which he had proposed to remove was very vascular, and he concluded not to operate. No hemorrhage occurred and no discharge, but about a month later perforation of the rectum occurred and gas then escaped by the vagina. Pain became such that the use of opium was necessary in constantly increasing quantities until she took six or seven hundred drops of laudanum or its equivalent daily, and also a bottle and a half of brandy. She died suddenly from a profuse hemorrhage, about three pints of blood escaping at one gush, the first hemorrhage that had occurred. At the autopsy, the body of the uterus was found to be one mass of cancerous disease and the cervix was entirely gone.—*Med. Review.*

ENDOMETRITIS POLYPOSA.

Clinic of Prof. SKENE, L. I. Col. Hosp., Brooklyn: This lady now before you is fifty-three years of age, has been married twenty-eight years, but has never borne children. Two and a half years ago, she was operated on for what was diagnosticated endometritis polyposa. She passed the menopause ten years since. She now tells us that she has pain in the back, pain in the left inguinal region, and slight leucorrhœa, which is somewhat sanguineous at times.

Upon examination, I find the uterus in the normal position, as near as I can make it out; but I find it runs off a little on one side as if there was a little fulness above the vaginal junction on the left, as if we might have a little interstitial or subperitoneal fibroid. This uterus I find to be over three inches in its long diameter; so we have here an enlargement of the uterus which is not symmetrical. It is a question whether this increase in size is due to a small fibroid; it is rational to suppose it is; and I might here state that these growths are more apt to occur in sterile women. Even if we have a fibroid there, it would be latent, as they generally subside at the menopause, and waste away with the final involution of the uterus, so that I hardly think the cause of her pain and bleeding is due to that. I would rather be inclined to think that it is a recurrence of this fungosity of the mucous membrane of the organ.

Dr. Stuart informs me that passing the sound causes hemorrhage, which is arterial, so that in all probability it comes from this fungous condition. Now I would venture an opinion that we have a recurrence of this growth which we removed two years ago, and which was at that time supposed to be

benign. At this age, it is very probably a commencing epithelioma of the mucous membrane of the body of the uterus. We may, however, remove it by the use of the curette, and examine it microscopically, and see if the structure of the growth agrees with the clinical history. When we have a uterine hemorrhage in a patient fifty-three years of age, it strongly indicates malignant disease; but epithelioma of the mucous membrane of the body of the uterus is rare, and we should obtain all possible evidence before positively making a diagnosis.—*Med. News*, Sept. 15.

OVARIAN CYST CURED BY INJECTION OF WINE.

Dr. PEDRINI (*Gazz. Med. Ital. Lomb.*) gives the details of this case: The patient, thirty-nine years of age, was seized, after a day's washing in cold water, with acute pain in the abdomen. A few days afterward a small movable lump was noticed in the left ovarian region. The lump steadily and slowly increased for fourteen months, when it suddenly became much larger, threatening to prove fatal by asphyxia from the pressure it caused. The lungs were congested, with diffused bronchial catarrhal sounds, and the lower limbs were œdematous. The patient was very emaciated. A large trocar was thrust in at the lower third of a line drawn from the umbilicus to the anterior inferior iliac spine; seventy-two litres of a serous citrine-colored liquid were gradually withdrawn. A litre of white wine was then injected through the canula, and allowed to remain for an hour. There was sharp reaction and fever, which for a week imperilled the patient's life. She, however, made a good recovery and regained entirely her former good health, with no sign of the return of the tumor (after six years).—*Med. Record*.

NAUSEA AND VOMITING IN UTERINE AFFECTIONS.

We often find that in women the subjects of uterine affections, nausea or even vomiting persists for months or even years, and, as a general rule, remedies prove of little use until the original affection or its reflex consequence has disappeared. Dr. Cheron, however, has under these circumstances found great benefit result from the administration of bromides in an effervescing mixture, of which the following is the formula: No. 1.—Bicarbonate of potash, 2 grammes; water, 60 grammes, and bromide of potassium 2 grammes. No. 2.—Citric acid, 4 grammes; water, 120 grammes, and syrup, 40 grammes. A teaspoonful of No. 1 and a tablespoonful of No. 2, to be poured into a glass and drunk immediately. The dose may be repeated every hour or half hour—the quantities stated in the above formula representing the maximum to be taken per diem. In localized pelvi-peritonitis this mixture often arrests the tendency to vomit even during the acute stages.—*Med. Times and Gaz.*—*Med. Med. Jour*.

VICARIOUS MENSTRUATION FROM AN ULCER.

Vicarious menstruation occasionally takes place from the stomach, nose or lungs, but a rarer site is the surface of a sloughing ulcer. Dr. P. Hooper relates a case in the *Med. Times* in which the function was carried on from an ulcer on the leg, which had existed for eight and a half years, and for five years had been subject to periodical hemorrhages. These occurred at the time of the menstrual flow, and sometimes for several successive months the discharge would take place entirely from the sore. The bleeding would then be profuse, and if at any time the periods were missed, the patient thought the amount of hemorrhage afterward would be as much as a quart. The ulcer was very large, nearly encircling the leg, the bone being exposed and very sensitive. There was evident periostitis, with night sweats and specific rheumatism, the nature of the ulcer being syphilitic. Under local and con-

stitutional treatment rapid improvement took place, but when the time came for the menstrual discharge the sore became angry looking and the granulations appeared red and inflamed, and considerable blood-stained serum exuded. Ultimate recovery took place.—*Med. Review.*

VICARIOUS MENSTRUATION FROM THE EYE.

A writer in the *Lancet* reports the case of a young woman who menstruates from her right eye.—*Louv. Med. News.*

CLIMACTERIC.

Climacteric dyspepsia occurs, according to Dr. PRANGLEY (*British Medical Journal*), in women between forty and sixty. The symptoms are those of great nervous depression, pain at the top of head, noises in the ears, hot flushes and chills, curious abdominal sensations, precordial distress, palpitation, constipation, coated tongue, and foul breath. Treatment consists in administration of bismuth and ammonia and potash bicarbonate, with valerian, if nervous symptoms predominate, followed by quinine, strychnine, and dilute nitro-muriatic acid.—*Gaillard's Med. Jour.*

PATHOLOGY AND TREATMENT OF UTERINE DISPLACEMENTS.

The following practical points are set forth by SCHULTZE, in a recent monograph upon uterine displacements: The normal condition of the uterus is one of very free movement, as can be readily demonstrated in the living subject. Changes of position that are permanent are pathological deviations. Restriction of normal movements is the characteristic sign of displacements. These consist in (1) fixation of the organ through inflammation, and (2) malposition resulting from relaxation of the ligaments. In the first class, treatment should be directed against the inflammation, in the second, the weakened ligaments should be assisted by mechanical means. Dysmenorrhœa and sterility in ante flexion and anteversion arise not from change of position, or supposed stenosis, but are due wholly to the coexisting metritis or parametritis. Treatment should be directed against the inflammation, and not against the assumed stenosis or the malposition. In retroflexion, on the contrary, mechanical treatment is indicated.—*Berliner Klin. Woch.—Therap. Gaz.*

DANGER OF PUNCTURING OVARIAN CYSTS.

Pror. ZWEIFEL relates a case in which dangerous symptoms, indicating acute peritonitis from the passage of material from a cyst of the left ovary, followed an exploratory puncture of the second largest needle of Potain's aspirator. The symptoms—pain, vomiting, and collapse—were so marked that laparotomy was immediately performed, and a large cyst removed. He found that a portion of the contents, about the size of a walnut, had escaped into the peritoneal cavity. The patient had no bad symptoms afterward. Though this was Zweifel's fifty-fifth laparotomy, an exploratory puncture in his hands has heretofore had no evil results. He thinks, however, that the puncture should not be made, unless ovariectomy can be immediately performed if necessary.—*Centralb. f. Gynäköl.—Med. News*

URETHRITIS IN THE FEMALE.

Dr. FISSIAUX relates fifteen cases in which Dr. Leblond treated blennorrhagic urethritis in the St. Lazare Hospital, in the following way: A short stilette is wrapped round with cotton-wool, covered with coal-tar soap; this is passed into the urethra and retained there. It is renewed every other day. During micturition the patient prevents it from falling out by pressing it with her finger. The rationale of the treatment is that the tampon separates the folds of the urethra from each other, and thus keeps the whole surface of the mucous membrane at rest, and in contact with the medicament.—*Med. Brief.*

PRIMARY OPERATION IN LACERATED PERINEUM.

W. L. BARRET, M.D., in the *St. Louis Courier*, advocates the minute and close approximation of the edges of the torn mucous surface. He uses a short, straight needle and fine silk, carefully replacing all ragged ends of tissue, and closely following the sinuosities of the laceration. He leaves the deeper portions of the rent untouched. The sutures are the ordinary interrupted suture, and they are entered as close to the edge as possible, cut short and left to ulcerate out. The stitching is begun at the upper end of the rent and completed at the vulvar outlet. He considers external cutaneous sutures unnecessary. The process of involution has a natural tendency to bring the parts thus treated into closer apposition, thus favoring the object of the operation. The after treatment of such cases is simply that of an ordinary parturient.

He claims for his method that it is simple, less painful, more rational and more certain in its results than the usual method employed.—*Can. Pract.*

RETENTION OF URINE.

A woman, aged thirty, was admitted into the North Stratfordshire Infirmary, for supposed abdominal tumor. She had been in usual good health, and believed herself to be about four months pregnant. For a fortnight before admission, no urine had been passed. A catheter was introduced at once and 160 ounces of water was withdrawn. The next day 70 ounces more were taken away. An examination revealed retroversion of the uterus. Chloroform was administered and the uterus replaced, which appeared to be literally "upside down." The patient gradually sank and died the second day after the operation. This case shows the danger of neglected retroversion of the uterus during pregnancy; also the enormous extent the bladder may be distended without actual rupture.—*Lancet.*—*New Eng. Med. Mo., Sept.*

NITRATE OF LEAD IN CANCER OF THE CERVIX UTERI.

M. CHERON, in the *Revue des Maladies es Femmes*, says that he has had very good results from the direct application of the nitrate, powdered, to the ulcerated cervix. After touching the ulcerated surface with glycerine, he injects about a quart of cold water, containing about a drachm and a half of tr. ferri perchlorid., and then dries the surface with absorbent cotton. Finally, the following powder is introduced, by means of a syringe made for injecting powders:

℞. Plumbi nitrat., pulv., $\frac{3}{4}$ ss; lycopod., pulv., $\frac{3}{4}$ j. M.

The powder is retained in place by a tampon of cotton. Through this means suppuration diminishes considerably, as also the bad odor. Even hemorrhage is not so profuse, and in some cases it is entirely suppressed.—*Can. Med. Record.*

CANDLESTICK IN THE UTERUS.

The following curious case is found related in *Le Courrier Médical* of August 25, 1883. A woman, aged forty-nine, subject since puberty to periodical attacks of mania, but with lucid intervals, was admitted to hospital on account of an abundant and fetid leucorrhœa. Examination of the uterus showed a cervix covered with granulations and irritated by a discharge coming from within the womb. A sound which was introduced struck against a metallic body. This was removed and found to be the brass socket of a candlestick, measuring three-fifths or an inch in length, and four-fifths of an inch in diameter, with a rim one and one-half inch in diameter. This socket was evidently detached from a candlestick introduced at some time into the vagina. The last pregnancy dated back twelve years, so the foreign body could hardly have been introduced at that time before the involution of the uterus. And yet it is difficult to conceive of a contracted uterus, in a woman past the menopause, seizing and drawing up into its cavity so large a body as that described.—*Med. Record*, Oct. 13.

PRURITUS VULVÆ.—GOODELL'S FORMULA.

Dr. WM. GOODELL, gynecologist of the University, Phil., recommends—
 R. Carbolic acid, 3 i; morphine sulphate, gr. x; boracic acid, 3 ij; vaseline, 3 ij. M. For pruritus vulvæ, and also the patting of the parts with a sponge soaked in boiling-hot water. This is also a most excellent application for that rawness so often found between the thighs of the newly-born.—*Med. Herald.*

DISEASES OF CHILDREN.

MELÆNA NEONATORUM.

Dr. EPSTEIN, of Prague, discusses this subject (*Allgem. Wien. Med. Zeit.*, No. 49, 1882), and points out that the occurrence of hemorrhage from the stomach and intestines of new-born children is by no means uncommon. He considers that a distinct disposition to hemorrhage from various organs must be recognized as belonging to the first few days of life. This disposition is made manifest or increased, when either disturbance of circulation, or disease of vessels, or of the blood itself, is present. The notable alteration in the circulation which takes place at birth must therefore be regarded as a principal cause of the hemorrhage, and especially in cases of protracted labor, or of children born in a state of partial asphyxia, or of weakly children with atelectasis of the lungs. Various conditions have been found in the gastrointestinal mucous membrane: hyperæmia, hemorrhagic erosions, ulcerations, and actual hemorrhage. In many cases, where the mucous membrane of the stomach has been found sprinkled with small ecchymoses, small rounded ulcers have been discovered; and these have by some authors been regarded as the real cause of melæna neonatorum, the ulcers themselves being brought about by thrombosis or embolism of the gastro-duodenal vessels, secondary

to thrombosis in the umbilical vein. This is probably, however, the rarest cause for the hemorrhage; the most common cause being the hyperæmia and temporary congestion of the finer capillary vessels. Although ulceration may take place with extreme rapidity after birth, it would appear that it is usually of intra-uterine origin; and several cases are recorded, where such ulceration has led to actual perforation of the intestine or stomach. Another group of cases is formed by those of children infected with septic diseases or the subjects of hereditary syphilis. In the latter cases the hemorrhage may be the only evidence of the disease, the liver being found free from any syphilitic mischief. In the cases in this group, the prognosis has been clearly shown to be unfavorable. About half of the cases end fatally, and the immediate cause of death is usually the hemorrhage itself. A few cases, however, recover with marked rapidity.

Prof. Widerhofer records an interesting case of *melaena neonatorum* (*Allgem. Wein. Med. Zeit.*, No. 4, 1888), in which syphilitic manifestations were very distinct, and where hemorrhages had taken place from other than mucous surfaces, the case in many respects reminding one of hæmophilia or of purpura. Such cases he regards as due to the specific affection of the blood. The prognosis is bad, and treatment by hæmostatics is of no avail.—*London Med. Record.*—*Med. News.*

SUBPERICRANIAL CEPHALÆMATOMA.

JOHN D. S. DAVIS, M.D., of Birmingham, Ala., writes: On January 29th last I attended Mrs. D—, a primipara in labor, the pains having begun three or four hours previously. Examination showed that labor was far advanced and would soon be at an end. The os was thoroughly dilated and the child's head in the first position. She was soon delivered of a small female child, weighing six pounds. Both mother and child did well until February 2d, when a fluctuating tumor made its appearance on the head of the infant, covering the right parietal bone and squamous portion of temporal bone. There was no abnormal appearance of the skin, other than the distension over part just mentioned. A clean poultice was applied with no avail in diminishing the size of the tumor. Compression was tried and failed. On the third day I aspirated the tumor and drew off two and one-half ounces of venous blood, then reapplied the compress. On the fourth day I found the little patient in great pain and continually screaming aloud. I removed the compress and applied a flaxseed meal poultice. It was soon relieved of pain and was perfectly quiet. Yet the tumor began to assume its former appearance. The next day I aspirated again, and drew off two ounces of the same kind of blood as before. This operation was resorted to twice more, February 12 and 20, getting two ounces of blood on the 12th and one ounce on the 20th. The poultice was kept up, not that I expected any physiological action from it, but because it formed a soft cushion for the head to rest in, which I could not get by the use of the rubber bag. The bad effect produced by the bandage I think was due to the undeveloped cranial bones allowing too much pressure on the brain. The child has been seen daily until this writing, and has entirely recovered, and now weighs seventeen pounds.—*Med. Review.*

PLEA FOR A MORE PLEASANT MEDICATION FOR CHILDREN.

Dr. CHAS. W. EARLE (at *Amer. Med. Ass'n.*) said the usual teaspoonful dose of noxious mixtures dealt out every few hours by physicians to children, was a reproach upon the medical profession. The subject of medication for children had been neglected. The noxious doses are not taken by the children, and in consequence recovery is delayed. It is a doctor's duty to bring the patient back to health as speedily as possible, and to do this it is necessary to put the medicine in a palatable condition. Many doctors would make

up four and eight-ounce prescriptions of vile tasting stuff which a child would not take, and in consequence it was no uncommon thing to see a sick room table covered with dollars' worth of medicine which was of no use. Drugs can be disguised, and there is no better vehicle by which a large number of them can be conveyed into a child's stomach than water. Quinine can be disguised in syrup of licorice, and other drugs in sugar. It is barbarous to force down a child's throat some of the vile stuff prescribed by physicians. He thought it would be far better for the physician if he would leave off the purely scientific trimmings of the profession, such as studying the peculiar curve of a forceps, the study of bacteria in their minutiae, hobbies in gynecology and the like, and turn his attention toward making medicine palatable to children. He mentioned the advisability of giving the maximum dose at one time, instead of in broken doses. The propriety of the plan as calculated to dispossess the homœopathists from their hold on children's practice was strongly presented and was deemed of great importance.—*Va. Med. Monthly*.

MYXŒDEMA.

Dr. COXWELL (*Lancet*) recently exhibited at the London Clinical Society a child, aged thirteen, with symptoms resembling myxœdema. Until eight years of age she was the same as other children, could read, write and learned arithmetic. A great change then occurred. She often fell asleep, even when eating her meals, memory became defective, and if sent to do anything she wandered about in an aimless fashion. Later her speech grew thick and indistinct; she suffered from headache, her head drooped forward on her chest; her hands and feet were very cold; her legs became weak and her gait unsteady. Her face was very suggestive of myxœdema, her skin was translucent, with a circumscribed patch of redness in the centre of the cheeks, the lower eyelids swollen, the nose broad, the eyes prominent and heavy looking. The limbs were slender and well formed. The thyroid gland was diminished, and there was no abnormal fatty tumors in the region of the neck or elsewhere. Her temperature was frequently as low as 95.6°. She was extremely restless at night, and had frequently screamed paroxysmally. Her speech became worse, till at last she could hardly utter a single sound, the lips being seen to move ineffectually when she attempted to do so. She could not kiss her mother or puff out her cheeks, and her food often remained seven or eight minutes between her teeth and lips. There was general mental impairment. If the present case be myxœdema, it is the first recorded in a child. If one of simple imbecility, it presents bulbous symptoms and a marked likeness to myxœdema.—*Gaillard's Med. Jour.*

SURGICAL TREATMENT OF PURULNET PLEURITIC EFFUSIONS IN CHILDHOOD.

Dr. W. H. MYER, of Fort Wayne, Ind., said, at Am. Med. Ass'n., that in 1872 he was called to visit a boy in whose left pleural cavity a hypodermic needle discovered the presence of fluid. He was advised by a physician of well known ability to continue the course of aspiration which he had previously pursued. He did so during the six weeks the patient lived. The result of these aspirations, in which large quantities of the fluid were drawn off, impressed him so that never after did he follow up a succession of aspirations in empyæma. He is convinced that the aspirator should be used as a curative procedure in serous effusions only, and the knife in purulent effusions. The question was propounded whether in emptying a pleural cavity of pus with the aspirator, it does not refill, and if so, under what circumstances? The writer gave as his reasons for preferring the exclusive use of the knife after the first aspiration:—the necessity for frequent reintroduction

of the needle, which is always painful; the ultimate contraction of the side corresponding with the effusion, an effect of the operation; its inability to give complete and speedy re-expansion of the lung, which is afforded by the knife. He recommended a course of action which he had found advantageous in his practice.—*Va. Med. Monthly*.

DIPHTHERIA—PROF. BRUEN'S TREATMENT.

A case of diphtheria in a child two years of age was given:

R. Tr. ferri chloridi, fl 3 ss; acid. acetici dil., fl 3 j; liq. ammon. acetat, fl 3 j; syrupi, fl 3 ij. M. Sig: A teaspoonful three times a day.

To be applied locally with a camel's-hair pencil:

R. Comp. tr. benzoin, fl 3 ss; carbolic acid, gtt. x; glycerin, pure, fl 3 jss. M.

The liniment most frequently prescribed by Dr. Bruen for his dispensary patients is one cupful of vinegar, a half cup of turpentine, and the white of an egg well beaten together. As a stimulating liniment to the chest for pneumonia and bronchitis in children, this is excellent. His favorite anti-periodic in these cases is the citrate of iron and quinine. This is also often prescribed as a tonic in anemic conditions where malaria seems to be the cause.—*Louisville Medical News*.

SARCOMA.

Dr. KOBNER, (*Berl. Klin. Woch.*) records a case of sarcoma in a child eight years old. The nodules were like split peas, and occurred in the skin. They consisted of spindle cells. The nodules were increasing rapidly. He gave five minims of an equal solution of liq. arsenicalis and water hypodermically twice in three days, increasing to nine minims. The disease entirely disappeared in six months.—*Can. Pract.*

CATHARTIC FOR INFANTS.

Constipation in the infant is sometimes very troublesome and rebellious to treatment. We have found in our experience that pepsin by facilitating digestion is usually the most valuable agent. To a child a year old give from three to five grains of the saccharated pepsin in solution with two drops of dilute nitro-muriatic acid, three times a day. As a direct laxative give rhubarb and bicarbonate of soda.—*Med. Age*.

TUBERCULOSIS.

A little girl ten years of age was afflicted with tuberculosis of the lungs. She was pale, emaciated, and harrassed by a cough. Dr. Bruen prescribed:

R. Olei morrhue, fl. 3 j; syr. calcii lactophosphatis, fl. 3 ij; syr. ferri iodidi, fl. 3 j; liquor calcis, q. s. ad. fl. 3 ij. M. Sig. A teaspoonful three times a day after meals.

As an embrocation, equal parts of cod-liver oil and soap liniment were ordered. The patient was to wear warm flannels and take outdoor exercise. For the cough:

℞. Acid. sulphuric dil., ℥ xvj; tr. opii deodrat., ℥ viij; syr. pruni Virgin, fl. ℥ j; aquæ, fl. ℥ ij. M. Sig. A teaspoonful or two every two or three hours.—*Can. Lancet.*

LAPAROTOMY IN THE NEW-BORN.

At a recent meeting of a medical society in Vienna (*Weiner Med. Blätter*), Dr. Felsenreich showed a child, two weeks old, on whom he had performed a radical operation for the cure of umbilical hernia. The birth had been easy and natural, and the child itself was strong and healthy, with no other malformation. A tumor of the size of a lemon was situated in the abdominal wall, the umbilical cord being attached to its summit. The separation between the recti muscles was eight centimetres long and four centimetres broad, and contained intestines and the margin of the liver. Twelve hours after birth the operation was made in the usual way, the hernial sac being attached to the edge of the skin-wound, which was closed by twelve silk sutures, and dressed with iodoform. The operation was completed in twenty minutes, without much sign of pain on the part of the child, which took the breast immediately afterward, and had a normal stool on the second day. The progress of the case was very satisfactory throughout, although the healing of the skin was somewhat slow.—*Med. Record.*

TAENIA IN A CHILD SEVEN MONTHS OLD.

Dr. SCHOPFT communicates this excessively rare case, occurring in a female child only seven months old, in whose feces the proglottis of the *tænia circumcinerinaelliptica* were found. According to the most recent researches, the cysticerci of the tænia are found in dogs' lice, and the dogs become infected by swallowing the parasites. Consequently the appearance of this parasite can only be explained in persons who are brought into close contact with dogs. In the case reported it was found that the child had been accustomed to play with a dog affected with some skin disease accompanied by falling of the hair.—*Ann de Gynécol.—Obst. Gazette.*

APHTHOUS SORE MOUTH IN INFANTS.

Prof. WALLACE, in *College and Clinical Record*, recommends the following:

℞. Sodii sulphitus, gr. xxx; glycerinæ, aquæ, ʒ ʒ ss. M. To be used on a swab every two hours.

† Scrupulous cleanliness is required when a nursing bottle is used. The rubber nipple should be turned inside out after using, washed clean, and kept in a solution of baking soda until again needed. It is better to have two nipples, and to use them alternately. Milk must not be allowed to stand in the bottle till it grows sour.—*Amer. Med. Jour.*

SPASMODIC AFFECTIONS OF THE RESPIRATORY TRACT IN CHILDREN.

℞. Tinct. belladonna, tinct. aconit. rad., ʒ ʒ ʒ 75; vin. opii, ℥ 75. M. Three drops morning and evening, increasing the dose by one drop daily.—*L'Union Médicale du Canada.—Can. Med. News.*

ADDENDA.

EXTENSIVE WOUND OF LIVER AND LUNGS.

J. B. SULLIVAN, M.D., of Stanton, Mich., communicates the following:

On August 30, 1883, I was sent for in haste to attend Henry Prentice, who had fallen upon a circular saw at Talcott's mill. The saw at the time of the accident was making five thousand revolutions per minute. On reaching the patient I found a wound commencing in the intercostal space between the fifth and sixth ribs, penetrating the right lung transversely, then passing downward and backward to the hip, cutting off the sixth, seventh and eighth ribs, passing into the liver on its way downward. The intestines were not injured. The air passed in and out through the cut surfaces of the lung, making a sound like escaping steam. I anæsthetized the patient, and after removing foreign matter and clots brought the cut surfaces of the abdominal and thoracic walls into apposition and retained them by silk sutures. He bore the anæsthetic very nicely.

This is now the seventh day since the accident, and he has experienced no pain in or around the wound. The symptoms are extremely favorable for recovery at this date, the wound healing by first intention.

I report this case because of the interest which must attach to it even should it yet terminate fatally. That a patient should live for seven days after a wound of this nature is in itself remarkable.—*Med. Age*, Sept. 10.

PHOSPHORUS IN PILL FORM.

CHEVALIER CASIMIRE MANASSEI, M.D., of Rome, says: Having been requested to give my opinion on the action of the American sugar-coated pills prepared by the firm of Warner & Co., of Philadelphia, U. S., and particularly on those containing phosphorous at the dose of $\frac{1}{100}$ grain and $\frac{1}{4}$ grain extract of nux vomica, I am able to certify with entire truth that I found this remedy very useful in many cases of diseases whose nature was principally nervous, and in cases of anæmia and general debility.

A woman sick with ataxia felt greatly better from the continued use of phosphorous and nux vomica under the above said form.

In gastralgia, in difficult digestion with wind dyspepsia, I found it to be a curative medicine.

In the different forms of hysteria, and in hysterical neuroses, I also obtained excellent results with it.

In general falling away and debility, and in weakening of the muscular forces, the phosphorus with the nux vomica made also a good proof, as well as in anæmia, in which, however, I ordered, together with the pills, iron under different forms.

My opinion, therefore, is that the said preparation, as well as that of quinine under the form of sugar-coated pills, is a real acquisition for the cure of disease, because of the good quality of the drugs employed, and that it is to be wished that other medicines should be prepared in the same way which is found sure and easy in practice by reason of the exact dose, and is agreeable to the patient who generally dislikes the ordinary pharmaceutical preparations, especially under a liquid or pulverized form.—*Exchange*.

CONGENITAL AND HEREDITARY GOITRE.

Dr. G. S. CHALMERS, of Alton, Ill., sends us the following unique history. He writes: "A few days ago I was called to a lady in labor, and in due course she was delivered of a large boy. There was nothing remarkable in the progress of delivery, except that when labor had progressed well into the last stage, things almost stood still with the head firmly wedged in the lower strait. Imagine my surprise to see a well-developed goitre on the child's neck. The swelling came clean up under the lobes of the ears and with quite an enlargement over the windpipe. The enlargement felt moderately firm, as if from simple enlargement. The child seemed cyanotic at first, and had to be encouraged by cold water dashes and manipulation before it commenced breathing. And then it was fully an hour before the color got natural. As the cord beat quite actively, I did not cut it for fifteen minutes. After this we soon found that if the head was kept fully extended breathing progressed naturally, but if the head became flexed, breathing became irregular, and the face cyanotic. It is now doing well, six days after delivery, and is a vigorous feeder. The mother is exophthalmotic with quite an enlarged neck, and noticeably prominent eyeballs. I have never seen a case recorded of congenital goitre.—*Med. Record*, Oct. 6.

CASSEBEER'S QUINA PHENATE

Contains the active principles of true Calisaya Bark in combination with Phenic Acid, and is indicated in Malarial and Septic conditions arising from marsh miasm, sewer gas, impure water or food, putrid matter introduced into the blood through wounds, ichorrhæmia, pyæmia, and rheumatic pains from malaria.

Chiefly valuable for intermittent fevers, but also beneficial in remittent, continued typho-malarial, puerperal and pernicious fevers.

Children of 5 to 12 years may take a teaspoonful three or four times a day. Infants of 1 to 3 years, from 10 drops to half a teaspoonful.

While in many cases of malarial diseases Quina Phenate will prove a great value in small doses, the physician must use his judgment in increasing the same—some patients require a tablespoonful four or five times a day, and in a few cases its use is to be continued in these doses for several months once or twice a day.—*Pharm. Cir.*

SMOKE CONSUMING.

We clip the following from the *Louisville Evening Post*: If the information be correct the city people throughout the world have in it a cause for rejoicing. Necessity is said to bear a maternal relation to invention, but an exception to this rule is noted in the fact that a gentleman residing in Washington, where the sight of black smoke is a novelty, has invented a system of smoke consuming which, for its simplicity and effectiveness, seems likely to meet with general favor. As it is not patented I give a description of it for the benefit of your city, which needs it. The plan is simply to convey the exhaust steam from the engine, in all large establishments where the engine is used, to the chimney, forcing it in the form of spray diagonally upward and across the chimney. This is accompanied by a perforated pipe running round the inside of the chimney, with the perforations so set as to throw the spray upward to a common centre. This sheet of spray, with which the smoke constantly comes in contact, it is said causes the carbon and other matter arising from imperfect combustion to fall back into the furnace, where it is consumed, only a colorless gas finally escaping from the mouth of the chimney. The system, it is claimed, also aids in regulating the draft of the furnace, and proves a fuel-saver as well as a smoke-consumer.

As the establishments which are provided with steam-engines are practically the smoke producers, it would appear that this simple plan may prove really valuable, both as a smoke-consumer and fuel-saver.—*Louv. Med. News.*

MICROSOPICAL EXAMINATION OF SEMINAL STAINS ON CLOTH.

Dr. F. M. HAMLIN, of Aurburn, N. Y., read a paper upon the above subject at the sixth annual session of the American Society of Microscopists:

He found by observation that the method of Koblack, viz., to soak out the stains with water was unreliable, since the water disintegrates many, if not most, of the dried spermatozoa. Finding that most fabrics upon which spermatozoa are apt to be dried are more transparent than is usually supposed, he recommends the following procedure:

1. If the stain to be examined is upon any thin cotton, linen, silk, or woollen fabric, cut out a piece about one-eighth inch square, lay it upon a slide previously moistened with a drop of water, and let it soak for half an hour or so, renewing the water from time to time as it evaporates. Then with a pair of needles unravel or fray out the threads at the corners, put on the glass cover, press it down firmly, and submit to the microscope.

2. If the fabric is of such a thickness or nature that it cannot be examined as above, fold it through the centre of the stain, and with a sharp knife shave off the projecting edge thus made, catching upon a slide moistened with water the particles removed. After soaking a few minutes—say five to ten—the powdery mass will sink down through the water and rest upon the slide. The cover-glass may now be put on, and the preparation examined.

The latter plan serves as well for hairs, but great caution must be observed in cutting them, lest the portions bearing the suspected deposit fly away and are lost.

The stained cloth can be twisted and rolled between the fingers to a considerable extent, without destroying the dried spermatozoa.

In the discussion various members stated their experience in the examination of seminal stains.

Dr. Gradle mentioned that spermatozoa can be stained like micro-organisms, which fact does not seem to be commonly known. Drops of the fluid containing them are dried into a film upon the cover-glass, drawn through a flame, and then strained with a solution of magenta, or some other aniline color, and washed. The spermatozoa attract the eye by reason of their intense staining.—*Med. News.*

INFANTS' FOOD.

From a lecture by Dr. SKALWEIT, Hanover, on "Nourishment, with special reference to Infants' Food":

I have particularly examined the properties of the Anglo-Swiss Condensed Milk Company's Milk Food and compared it with other foods. While the latter yield a pap more or less thick in consistency, the Anglo-Swiss Milk Food, when cooked with *the same quantity* of water, yields a liquid of about the consistency of milk, and in which the greater part of the prepared starch is held in solution. Besides, this food is as rich in albumen (or nitrogenous constituents) as any other similar preparation, or even richer, and we cannot hesitate for a moment in recommending this new Milk Food both from a sanitary and a chemical point of view.—*Exchange.*

PASSAGE OF A LUMBRICOID WORM THROUGH THE EAR.

Dr. PAUL DAGAND writes to the *Journal de Médecine et de Chirurgie Pratique* for June, 1888, concerning an epidemic of measles occurring during the first quarter of the present year. In every case he observed a peculiar complication in the presence of a large number of lumbricoids, which were dis-

charged from both the mouth and the rectum, sometimes to the number of fifty or more. He was called in haste, one day, to see a child suffering from measles and secondary pneumonia, from whose ear the father said a worm was coming. The child had complained for two days of violent earache, and Dr. Dagand, upon his arrival, discovered a piece of a worm, about a line in diameter, in the external auditory canal. A piece about two inches in length had already been torn away, and the attempt to remove the rest was successful. The entire length of the lumbricoid was about five inches. The worm had apparently passed up through the Eustachian tube and perforated the drum. There was an otorrhoea for some days, which gradually disappeared. When seen two weeks later the child was well, with but slight impairment of hearing.—*Med. Record.*

SYR. HYPOPHOS: FELLOWS.

Fellows' hypophosphites contain hypophosphite of iron, quinine, strychnia, lime, manganese, and potass. Each fluid drachm contains of hypophosphite strychnia, equal to 1-64th grain pure strychnia.

DOSES.—For an adult patient with no idiosyncrasy against strychnia:—*Tonic.*—One teaspoonful at each meal in a wineglassful of water. *Stimulant and tonic.*—Two teaspoonfuls at meal times in two wineglassfuls of water.

For *resuscitation* of patients, comatose or rapidly sinking, as from congestion of the lungs, capillary bronchitis, or effects of opiates.—Half a teaspoonful in a tablespoonful of water, repeated every twenty minutes until vitality is established; then one teaspoonful three times daily.

For *reconstruction* of anæmic patients, or those requiring muscular fibre or nervous strength.—One teaspoonful with water at each meal.

For children the doses should be regulated according to age, viz.: from 9 to 12, one-half; from 5 to 9, one-third; from 1 to 5, one-quarter.

To secure the best results, *always* dilute the syrup with a wineglassful of cold water to each teaspoonful.—*Druggists' Rev.*

DEATH FOLLOWING A RECTAL INJECTION OF SOL. ACID CARBOL.

A case has recently been concluded in the High Court of Calcutta, to which the *Indian Medical Gazette* devotes considerable space, and where a boy of five had been suffering from bloody diarrhoea and the presence of thread worms. The physician who was called to relieve this condition injected 18 ounces of a 1 in 60 solution, representing 144 grains of carbolic acid and warm water. A few minutes were occupied in administering the injection, during which the child felt no pain; but while the enema was being retained by pressure, the child's head dropped on one side, and there was a state of complete collapse, and it remained unconscious for six hours, with total loss of reflex power. Artificial respiration, the battery, injections of oil and of milk, and twice of ammonia, were employed until some reflex action was induced. Four hours later the child became conscious and partook of liquid food, but five and a half hours later still—that is, fifteen hours and a half after the administration of the enema—the child died in convulsions. Three or four attacks occurred, which were not violent or prolonged. There was no post-mortem held, and the physician was found guilty of causing death by a rash and negligent act.—*Jour. Am. Med. Ass'n*

A DELICIOUS BEVERAGE.

Acidulated drinks are refreshing, especially in warm weather, but the constant use of lemons or limes is apt to interfere with the regular action of the bowels. Horsford's Acid Phosphate, with water and sugar only, makes a delicious beverage, which allays the thirst, aids digestion and benefits the

whole system. It cures the lassitude so common in mid-summer, and relieves the exhaustion following excessive mental or physical labor. Many prominent physicians have used it in their practice, and give it their unqualified approval.—*Exchange*.

PRESENCE OF BACILLUS TUBERCULOSIS IN AN ABSCESS NEAR THE ANUS.

Dr. ROBERT C. SMITH writes:—Six months ago a young clerk, aged 21, came under treatment for hæmoptysis and other signs of phthisis. After about three months' treatment he became strong enough to resume his employment, at which he continued up to the commencement of this month. I saw him on the 5th, when he was suffering acutely from an abscess in the neighborhood of the anus; and, fearing lest it might burst into the bowel and give rise to a painful blind internal fistula, I opened the abscess at once and let out a quantity of thin, curdy, foetid pus. A microscopic examination of this fluid by a half-inch object-glass, after the usual process of staining, revealed the presence of great quantities of well-marked typical tubercle-bacillus. Now, the presence of these organisms in this situation is interesting, as they tend to throw some light on the well-known connection between fistula and phthisis.—*Br. Med. Jour.*—*Jour. Am. Med. Ass'n*.

MILK IN THE MALE BREAST.

There have been several articles in the medical press recently giving cases of the secretion of milk in the breasts of the virgin and other females where pregnancy did not precede it. Dr. Von Klein adds his quota by giving two cases where milk was secreted in the male breast. The first was in a man aged 41, fine physique, height 5 feet eight inches, weight 190 pounds, suffering from hydrocele. The flow of milk was induced from attempts to quiet a restless infant by introducing the nipple into its mouth. After several weeks had elapsed the breast became larger and harder, and the milk began to flow in sufficient quantity to nourish the child, and this was kept up for five months, when it was stopped from the intense pain felt in the testicles—a crawling sensation. The testicles eventually atrophied and disappeared entirely, the patient enjoying good health, meanwhile having been cured of his hydrocele by an operation.

The second case was one simply of observation of a Russian peasant nursing a child, and occurred during the Turco-Russian war, with no special details.—*Cin. Lan. and Clinic*.

LIQUID BEEF TONIC.

This article is mainly tonic and nutritive in action, and is peculiarly qualified to supply that stamina and nervous energy which persons enfeebled by bodily disorders, or inherently weak, or convalescing, so much require. It is an admirable means of restraining and compensating for the loss of vitality induced by Consumption, Bronchial and Throat Affections. It not only improves digestion and appetite, but affords the dyspeptic invalid an easily assimilable article of food. It is highly beneficial in Liver Complaint and it improves the quality of the blood and enriches it. Colden's Liquid Beef Tonic has the endorsement of the celebrated Prof. Erasmus Wilson, M.D., F.R.S., London, England.—*Exchange*.

CASTOR OIL AND GLYCERINE.

Dr. GEO. R. YOUNG, of Belfast, writes to the *Lancet*:—A mixture which is of an agreeable flavor, and in which the nauseous smell of the oil is efficiently disguised, can be made thus:

. R. Ol. ricini, 3j; glycerini, 3j; tr. aurantii, ℥xx; tr. senegæ, ℥v; aquæ cinnam, ad 3ss.

This forms a beautiful emulsion, is easily taken even by children, and if administered at bedtime will produce a gentle motion the following morning. In cases of habitual constipation, when this mixture is repeated for three or four nights, it brings about a regular morning motion. The tincture of senega is used to emulsify the oil, and as the quantity employed is small, its use cannot be objectionable from a therapeutic point of view.—*Drug. Cir.*

DIET IN DIABETES.

Professor AUSTIN FLINT, in a recent lecture on diabetes, speaks of the difficulties to be encountered in effecting a suitable anti-diabetic diet. The alimentary regimen of this disease consists in withholding from the food, almost entirely sugar, in any form and all the starchy constituents of food capable of being transformed into sugar. This is a matter of great difficulty, which requires the constant supervision of the physician. The article of food which will cause most trouble is bread, and diabetics realize the force of the statement that bread is the staff of life. Frequently they say that they care little for bread, that they can get along very well without it, but they do not find it so after a while. Therefore there have been numerous substitutes for wheat flour bread, but few of which are to be commended. There is what is called diabetic flour, which is bran very finely ground so as to divest it of all rough particles, but it has no nutritive value whatever, and is, as Dr. Flint says, no better than sawdust. Dr. Flint commends as more satisfactory than anything which he has before tried the gluten bread prepared by the Health Food Company of No. 74 4th avenue, New York. It is not entirely devoid of starch, but it is so prepared that it is not deprived of the agreeable qualities of ordinary bread, and helps render the animal part of the daily dietary more acceptable.—*Boston Med. and Surg. Jour.*, Nov. 29.

IODOFORM SOLUTION FOR HYPODERMIC USE.

MOSSETIG gives the following directions, in the *Zeitschr. f. Therapie* (No. 11), for preparing a solution of iodoform for hypodermic use:

Iodoform, 15 grs; benzol, 45 grs; vaseline oil, 240 grs; oil of gaultheria, 2 gtt.

[We have no practical experience with this mixture, but confess that we would not like to adopt this form of administration without feeling our way cautiously, on account of the possibility of producing abscess.—ED. N. R.]
—*New Remedies*, Sept.

HYDROLEINE IN WASTING DISEASES.

It is claimed that it is readily tolerated by the most delicate stomachs, even when the pure oil or the most carefully prepared emulsions are rejected. The oil is so treated with pancreatin, soda, boric and hydrochloric acids, that the process of digestion is partially effected before the organs of the patient are called upon to act upon it. Satisfactory results have been made with hydroleine in a number of cases, among which is that of a lady about twenty-eight years of age, the mother of four children. Her convalescence after the birth of the last child was very slow; she soon began to emaciate and lose strength and no successful result was secured by the administration of malt extract, nor could she take cod liver oil in any of the ordinary combinations. However on trying the hydrated oil she was able to assimilate it and under its use was restored to health.—*St. Louis Courier of Medicine*.

IMPROVED GLYCERITE OF STARCH.

The following formula for glycerine ointment is given by Vulpinus in the *Pharmaceutische Zeitung*, and is recommended as giving a better preparation than those made according to the old or new German Pharmacopœia:

Tragacanth, powdered, 1 part; alcohol, 5 parts; starch, 10 parts; distilled water, 10 parts; glycerine, 100 parts.—*Drug. Cir.*

QUARTERLY EPITOME.

EDITORIAL DEPARTMENT.

EDITORIAL.

The issue of this number of the **QUARTERLY EPITOME** closes its fourth year, and in accordance with his custom the publisher again indulges himself in the pleasure of returning to his patrons his most sincere thanks in acknowledgment of their tangible evidences of approval of his efforts to give to the Medical Profession the best medium yet extant for promulgating the achievements made in the progress of their science.

That the **QUARTERLY EPITOME** is regarded as the best form of condensing the variegated material increasingly found in the generally improved modern Medical Journals, and that its elaborate classification contributes materially to its usefulness, is being daily demonstrated by our subscription list, and the many complimentary notes received.

In our last annual thanks-offering we gave some statistics regarding Medical Journalism throughout the enlightened world, showing a total of 785.

These figures have not materially changed.

A few other facts of interest may be appropriately added.

The medical colleges of the United States, now in existence, number 110, while the total number in Canada is only 9. The schools of the United States graduated last year, 4,299 out of a total of 12,454 matriculants.

The number of years a medical student has to spend at a medical institution prior to being admitted to examination for a medical degree, in various countries, is as follows (Vratch): Sweden, ten; Holland, Italy and Switzerland, six; Norway, eight; Denmark, six; Belgium, six; Russia, Austria and Hungary, five; France, England and Canada, four; United States, three or two; Spain, two.

The proportion of doctors to population is given as follows by the *Siglo-Medico*:

France,	.	.	2.91	per 10,000
Germany,	.	.	3.21	"
Austria,	.	.	3.41	"
England,	.	.	6.	"
Hungary,	.	.	6.10	"
Italy,	.	.	6.10	"
Switzerland,	.	.	7.06	"
United States,	.	.	16.24	"

Regarding medical education in the East the correspondent of *Phila. Med. Times* writes:—

The last annual report of the Medical Department of the University of Tokio shows the actual number of students as follows: Medical students, 169 (course conducted by German professors); those following the same course in the Japanese language, 760; pharmaceutical students, 71, making a total of 1,000. The number of graduates was as follows: Medicine, 81 (German course); course in the Jap-

anese language, 171; pharmacy, 188. At the same time there were abroad in foreign countries 94 students of medicine and 82 of pharmacy, mostly in Germany.

The Paris correspondent of the *London Lancet* writes:—

There are in Paris and its environs 1,915 doctors of medicine, 12 doctors of surgery, 83 officers de santé, 43 foreign medical men, 1,500 sages-femmes, 845 pharmaciens, and 95 veterinary surgeons. A list drawn up by order of the prefect of police is to be posted at each police station to act as a check upon those who have no right to practice. Among foreigners authorized to practice, 10 obtained their diplomas at Jena, the others in England and Germany. There are two lady doctors, one French, one Russian.

Taking into consideration the vital statistic data among physicians during the past four years, and the increase to the medical ranks by accessions of graduates at the colleges of the United States and Canada, it can be safely estimated, that there are now twenty thousand more physicians in

these two countries than when the EPITOME first made its début to the then seventy-five thousand members of the profession. With a field of probably 95,000 English speaking physicians on this continent, it would seem there should be room, even for the large number of journals striving for patronage from this army of practitioners.

It must also be borne in mind that there are about 65,000 dentists, quite as enterprising in their specialty, who are also in a large proportion, subscribers to medical journals, and now that a section in Dentistry has been established in the American Medical Association, and the standard of education in this branch is improving, its fruits will be more and more evidenced by valuable contributions from which the general practitioner, especially in rural districts, will derive material benefit.

As the EPITOME will continue to garner from all reliable sources, we have no hesitancy in renewing our former assurances that its standard of preëminent excellence will be maintained.

BOOK NOTICES.

THE PATHOLOGY AND TREATMENT OF VENERAL DISEASES. By Freeman J. Bumstead, M. D., LL.D., and Robert W. Taylor, A. M., M. D. Fifth edition, revised and rewritten with many additions by Dr. Taylor. Philadelphia: Henry C. Lea's Sons & Co. 1883.

The fifth edition of this work certainly reflects great credit upon its author.

Dr. Taylor has again shown his ability to place before the profession a book in every respect thoroughly up to date.

The author's style is clear and concise, developing fully those points

which are founded upon established teachings and accepted theories.

The question as to the diagnostic value of micrococci in gonorrhoeal pus is considered as still calling for more extended observation.

Under the head of Treatment of Gonorrhœa, Dr. Taylor enumerates some "obstacles to success" which are deserving of careful consideration.

The new adjuvant in the treatment of Syphilis, coming from so distinguished a Syphilographer, will undoubtedly attract the consideration of all.

The author's articles on Chancroid and Syphilis are exhaustive, and the only regret we have on closing the volume, is that the chapter on Syphilis and Marriage was not made much longer, as Dr. Taylor could surely add much to this subject—which has assumed importance since the publication of Fournier's Lectures.

The Chromo-Lithographic plates will be of great service to students, showing as they do so clearly, some of the lesions of the penis.

We cordially commend this book to all who are interested in this subject, as the best work yet offered to the profession.

A TREATISE ON DISEASES OF THE EYE. By J. Soelberg Wells, F.R.C.S., Professor of Ophthalmology in King's College, London, etc. Fourth American, from the third English edition; with copious additions, by Charles Stedman Bull, A. M., M. D.,

Lecturer on Ophthalmology in the Bellevue Hospital Medical College; Surgeon to the New York Eye and Ear Infirmary. Illustrated with 257 engravings on wood, and 6 colored plates; together with selections from the test-types of Prof. E. Jaeger and Prof. H. Snellen. 8vo; pp., 846. Philadelphia: Henry C. Lea's Son & Co.

We regard this text-book as the ablest of its class yet issued. Although its distinguished author, Dr. Wells, is dead, under the able editorship of Dr. Bull, of New York City, the present volume fully sustains its reputation.

The fact that it is less than three years since the third edition of this work appeared, is evidence of the high appreciation placed upon it, as such works are not usually sought for by general practitioners.

As usual, the publishers have spared no pains in issuing this edition in the highest style of their art.

BOOKS RECEIVED.

MANUAL OF PATHOLOGY. By Joseph Coats, M. D., Pathologist to the Western Infirmary and Children's Hospital, Glasgow; President of the Pathological and Clinical Society of Glasgow, etc. Three hundred and thirty-nine illustrations. Philadelphia: Henry C. Lea's Son & Co. 1888.

ATTFIELD'S CHEMISTRY, GENERAL, MEDICAL, AND PHARMACEUTICAL, INCLUDING THE CHEMISTRY OF THE UNITED STATES PHARMACOPOEIA. Tenth edition, specially revised for America. Philadelphia: Henry C. Lea's Son & Co. 1888.

THE ROLLER BANDAGE. By William Barton Hopkins, M. D., Assistant Demonstrator of Surgery in the University of Pennsylvania, etc. Small 8vo, 95 pages. J. B. Lippincott & Co., Philadelphia.

EPITOME OF SKIN DISEASES. With Formulæ for Students and Practitioners. By the late Tilbury Fox,

M. D., F.R.C.P., and by T. Colcott Fox, M.B., M.R.C.P. Third American edition, revised. Philadelphia: Henry C. Lea's Son & Co. 1888.

TABULÆ ANATOMICÆ OSTEOLOGIÆ. Editæ a O. H. Von Klein, A. M., M. D. Cincinnati Lithographic Co., Cincinnati, O. 1888.

A POCKET-BOOK OF PHYSICAL DIAGNOSIS OF DISEASES OF THE HEART AND LUNGS. By Edw. T. Bruen, M. D. Second edition, revised, 12mo. Illustrated. 228 pages. P. Blakiston, Son & Co., Philadelphia.

PHYSIOLOGICAL CRUELTY; OR FACT vs. FANCY. An Inquiry into the Vivisection Question. By Philanthropos. 8vo. 156 pages. John Wiley & Sons. \$1.25.

A MANUAL OF NURSING, MEDICAL AND SURGICAL. By Charles J. Cullingworth, M. D. 12mo. 172 pages. P. Blakiston, Son & Co.

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